British Dental Association response to the General Dental Council’s consultation on the General Dental Council (Continuing Professional Development) (Dentists and Dental Care Professionals) Rules Order of Council

Introduction

1. The British Dental Association is the UK-wide representative organisation for dentists in the UK, with over 17,600 dentist and 2,100 student members. We welcome the opportunity to comment on the proposals for new CPD Rules.

2. We ask the GDC to note that this response is provided on the basis of a membership of just under 20,000 dentists and dental students, many of whom support their staff members and colleagues with CPD guidance and provision. The response has been considered and supported by elected representatives across the organisation and should therefore not be weighted as a single response to the consultation.

The consultation format

3. We are concerned about much of the detail of these proposals. One of our greatest concerns, however, has been the format of the online consultation document. All respondents are encouraged to use the online form or otherwise risk that their response is not fully taken into account. However, the form does not provide space for additional comment in each section. The choice of simple answers such as ‘yes’, ‘no’ and ‘don’t know’ focused on some very specific issues does not do justice to a subject of such importance and complexity. The questions were not structured in a way that would enable feedback on all relevant concerns.

4. It is simply not appropriate to restrict the opportunity to provide feedback in this way. Although we can see that this method is likely to render easily-quotable results which will then be used for future policy development, it leaves the results fundamentally flawed.

5. We have therefore taken the step to provide our response through the online mechanism to the extent to which it was possible to do so, but are also sending this fuller written response directly to ensure our issues are fully recorded.

General comments on the consultation

6. We understand that the changes to the CPD scheme are intended as a significant step towards revalidation. It would be easier to consider some of these proposals if the ideas for revalidation were clearer.

7. We are concerned that, in the consultation document, reference is made several times to the fact that the GDC will provide further guidance. The need for additional guidance is clear, but
it would have been helpful to include draft guidance with the consultation so that respondents can make fully informed comments. As it is, there are a number of areas where it is simply not clear what the intentions of the regulator are. For example, the consultation of 2012/2013 considered the inclusion of a formal reflective element into the system. The current consultation does not provide any answers to the questions raised at the time about the meaningfulness of such an inclusion, nor any guidance on what will be expected in this regard in the new system. The current consultation mentions reflection in relation to the expected plan, but does not provided further guidance of what the regulator intends to see. We have made clear under question 5 that we do not believe that the regulator should have access to any personal reflection provided in the plan, but the GDC’s intentions are not clear on this point.

8. We hold the GDC to its promise that it will ensure that changes to the system will be proportionate, workable and cost-effective. If checking of CPD records will become more detailed, there are clear cost issues related to these proposals as well as to a future system of revalidation. While we are aware that a cost-benefit analysis has been done as part of the CPD review, we do not believe it has been published yet; the only information relating to cost of CPD on the GDC’s website is the document *Registrant and Provider Perspectives on Mandatory CPD in Dentistry in the UK* of January 2012. A significant increase in annual registration fees would be in breach of the GDC’s promise for cost-effectiveness.

9. The discontinuation of the use of recommended core subjects is likely to cause confusion amongst professionals. Clear guidance will be necessary on the areas in which mandatory CPD is necessary regardless of GDC requirements not stipulating them, such as IRMER and medical emergencies. The GDC should encourage all registrants to be members of a professional association so that they have easy access to this information.

10. We expect that under the new Rules, in-practice provision of CPD will still be possible. The additional guidance should include definitions of learning activities that are acceptable as verifiable CPD. These should include clinical audit and peer review as well as the existing list currently included in the guidance.

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<th>Question 1</th>
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<tr>
<td>Do you agree with the high level CPD learning outcomes? (see rule 1)</td>
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<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>No</strong> x</td>
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<td>Don’t know</td>
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11. We understand the intention behind developing the high-level learning outcomes to be linked to all continuous professional development provision, but do not believe that their inclusion in a statutory document is appropriate. They would be better placed in an accompanying guidance document with further information. This would also provide the flexibility for amendments when necessary to reflect developments in the area of CPD.

The need for flexibility is particularly important as the outcomes cannot be quantified.
12. We are concerned about the weighting of the outcomes. Out of four outcomes, only one deals directly with the improvement of clinical skills. The other three relate to ‘soft skill’ areas such as communication, management, and attitudes. Registrants are likely to follow the outline of this prioritisation, which could lead to a lack of attendance at vital clinical CPD courses. We agree that other areas, such as communication or team working, are important and any shortfalls need to be addressed through appropriate learning. Whether all this learning needs to be done through verifiable CPD is, however, questionable. We believe that there may soon be a need to make changes to these outcomes, emphasising our point that they should not be included in the statutory instrument.

13. The outcomes do not make an allowance for CPD that is intended simply to update or reinforce existing knowledge, such as the Ionising Radiation (Medical Exposure) Regulations courses which those with responsibility for radiography must attend. Neither do the outcomes encourage registrants to expand their horizons. Professionals need flexibility in the framework to which they have to adhere so that they make CPD choices in line with their professional needs and ambitions. If the legal framework forces the choice of CPD into a specific area, the system will become a tick-box exercise which is neither good for the profession nor will it support the GDC in its aim to embed a philosophy of learning and development into the regulatory process.

14. We also believe that the need to link all CPD to one or more of these outcomes will lead course providers to make simple statements of compliance on their certificates which will render the underlying aims meaningless and unachieved. The proposal does therefore not address issues of CPD quality.

15. CPD certificates, in the meantime, will become convoluted documents. For example, the attendance at a one-day conference might include participating in a variety of sessions on different themes. Each of these sessions might have its own learning outcomes. These will then in turn have to be shown to link to the high-level outcomes. This will either be a short statement of “This activity links to high-level learning outcome a) as per the CPD rules”, which would be meaningless, or it would result in lengthy quotes of the outcomes and text trying to prove that they had been achieved. We do not believe that either option is desirable or workable. The GDC will have to consider how this will affect its own server space if it invites registrants to store their records, as well as that of organisations providing CPD storage systems, and the practicalities of keeping paper records.

16. Lastly, we would like to see more information on how courses attended overseas can count towards the CPD record. It is likely that course providers outside the UK will be able to state that their course complied with the outcomes, but there needs to be much clearer information for them on what is expected of them as they will not be familiar with the UK system.

Question 2
Do you agree with the requirement for a minimum of 10 hours CPD during each consecutive period of 2 years? (see rule 2)

Yes x

No

Don't know
17. We agree in principle with this proposal. However, there is a need to accommodate individuals who are unable to comply with this requirement, for example for reasons of serious illness, absence from work for caring duties as well as career breaks due to maternity leave. We understand that CPD is linked to registration rather than being ‘in work’, but there is a danger that registrants will undertake CPD just to comply rather than gaining from the experience. We would like to receive further information from the GDC on whether and how this issue will be addressed.

Question 3
Do you agree with the CPD documentary evidence required? (see rule 2)
Yes
No
Don’t know x

18. We seek clarification of the requirement that registrants must have participated in the activity ‘in full’. We believe that this can neither be ensured by the course provider, nor do some CPD activities, such as lectures, lend themselves to active participation. Is there an implied requirement that every CPD activity must have an assessment before a certificate is issued? Will registrants not be able to attend one day of a two-day workshop and receive verifiable CPD for this attendance only?

19. The term ‘in full’ should be removed from the legal text as it is neither workable nor enforceable.

20. We do not object to the reference to quality assurance but, given that no central authority accredits all CPD provision in the UK and the term is not defined, this adds little to improve the current situation and is likely to remain a tick-box exercise for providers with no effect on quality.

Question 4
Do you agree to the approach to CPD for Temporary Registrants? (see rules 1 & 2)
Yes x
No
Don’t know

21. We agree in principle with this proposal due to the potentially transient situation of this group of registrants. We would advise the GDC to take legal advice as to whether there is an element of discrimination in this approach, however.
Question 5
Do you agree with the definition of a CPD record? (see rule 3)

Yes
No
Don’t know x

22. We have a variety of comments to make about the proposals.

23. The way the Rules are currently written states that registrants must have a plan, which forms part of the CPD record, and that they will be required to confirm, as part of their annual declaration, that they have a plan. It further states that the GDC can ask to see the CPD record at any time during the cycle or for five years thereafter. The plan itself is described to need to identify future CPD to be undertaken, the high-level learning outcomes linked to it, and a timeframe for completion.

24. We feel that it is absolutely inappropriate for the GDC should have access to the plan, which, in effect, is going to be a personal development plan (PDP). We believe that PDPs may be good tools to focus an individual’s CPD planning, but, if done properly, they may also highlight areas of shortcomings which the individual wishes to address. Such a plan should not be given to the regulator.

25. If this is taken forward, registrants will have two plans: one which they will give to the GDC on request, which will be a tick-box plan with minimum information, and the real one, which they will keep personal. Given that the need for a plan will be seen as additional paperwork, many are likely to develop just the minimum plan they have to have, thus rendering the exercise much less valuable than it could be.

26. Such a plan will also not help the GDC with identifying registrants who might give cause for concern.

27. There is also no information about the action the GDC would take if registrants submit ineffective plans, or plans which contain aspirational ideas which have not been fulfilled. Nor is there any clarity about whether registrants can attend and count CPD activities which have become available since they developed their plan, and which might therefore not be included. Currently, we do not believe that staff at the GDC have the expertise to judge plans, and again there is no information provided as to how the GDC intends to make decisions on any plans provided, or how it will fund the development of the necessary expertise. Given that the GDC is on record as saying that these developments must be cost-effective, it would break its promise if these proposals were to result in a significant increase in annual registration fees.

28. There is a reference to the record to be ‘up to date’, but this is not further defined. Is this intended to mean ‘up to date’ every single day, every year in December (dentists) and July (DCPs), or at the end of the five-year cycle? There is room for varied interpretation here, and the term should either be defined or removed.
29. We expect that the GDC will provide a pro-forma for the annual CPD statement.

30. We believe that making a declaration within one week of the new year each year is too short a time scale. It is unrealistic and the GDC will spend its time chasing those who have not complied. For dentists, this deadline will be just after the Christmas holiday period, when many will be away from work and home. For DCPs, it will be during in the middle of the summer holidays. This deadline must be extended if the GDC does not wish to waste important resources.

31. We are also concerned that those undertaking CPD towards the end of the year might not receive their certificates in time for the declaration. Much provision of CPD takes place during the second half of the year, and many people work full time. Again, we call on the GDC to extend the deadline for annual and final cycle declarations.

32. Lastly, we seek confirmation that the requirement for the CPD record to be ‘in writing’ is intended to include computerised records, given the GDC’s own wish to develop e-GDC.

33. We do not agree with the reduction of the grace period. The annual declaration system should provide a good overview of how many registrants are fully compliant, and which individuals might struggle. Those who struggle will have their reasons. Two months are not appropriate for registrants who might be fighting cancer or other serious illness towards the last year of their cycle.

34. Relevant courses might not be available in the short time frame and the person in this situation might not be able to get to them. They will already be stressed and are likely to be affected by other personal circumstances such as illness. We believe that this reduction of the grace period can have devastating personal consequences, and ask the six-months period to be retained.

35. Given that revalidation will be introduced within the medium term, which would presumably put non-compliant individuals into Tier 2, if not Tier 3, of the earlier-proposed scheme, we feel it is completely unacceptable to reduce the period of grace in this way.

36. We would wish to see the supplementary guidance relating to special circumstances go to a full public consultation.

Question 6 - Do you agree with the approach to a grace period? (see rule 9)

Yes

No  x

Don’t know

Question 7

Do you agree to the approach to restoration as set out in rules 10 & 11?

Yes

No

Don’t know  x
37. The rules pertaining to this and, in general, to the transition period, are very complicated (see our response to question 8). With particular reference to restoration of someone who has been administratively removed for non-compliance, the rules might work if they only have to declare the hours for the last year or two.

38. It is much more complicated for someone who has, for example, been on a career break or working abroad for a significant time and wishes to return. There needs to be very clear guidance as to how they could comply with the Rules. In particular, we would like to clarify the meaning of Rule 12, subparagraph 4 (a).

39. For example, a dentist wishes to be restored to the register after a career break exceeding five years. We understand the pro-rata nature of the current proposals and focus on the new rules only. Subparagraph 4 (a) states that, for each CPD year within that period which elapsed since the coming into force of these Rules, a minimum of one fifth of the number of hours of CPD which is required in rule 2 in respect of a CPC cycle. Will the dentist therefore need to have undertaken 20 hours in each of the preceding relevant years, proven by the date of the documentary evidence, or just the total number for the purpose of restoration? In other words, how will the new Rules handle zero declarations or CPD of less than 10 hours for consecutive years for professionals who left the register for some time?

40. We expect that it is intended to be handled as it currently is, so that hours can be made up at the time when the individual decides that they wish to return to the register. We believe, however, that there is a need for clarification and explanation in the additional guidance.

41. We are very concerned about the pro-rata approach to transition. Despite the best efforts of the GDC and professional organisations to clarify these proposed requirements, the level of risk of confusion and wrong declarations is simply enormous.

42. It would be much more workable to let every registrant finish their cycle under the current rules and start their new cycle under new rules. The rolling approach worked well for the original introduction of CPD between 2002-2004 and for the introduction of recommended core subjects from 2007. It would minimise the level of confusion and would also mean that those registrants who intend to leave the profession at a certain point would be spared the need to navigate a more complicated system. We do understand that this would mean that the current Rules would be in place for some registrants until 2018, but on the other hand, many of the registrants in that group will reach the age of retirement by then.

43. Given that, under current rules, a zero declaration or no CPD participation in successive years have been possible, it needs to be clarified how this will affect the pro-rata considerations.
Question 9
Do you have any other comments to make about the proposed new CPD rules?

44. We would highlight that funding was provided by the Department of Health for the introduction of medical revalidation, and we would like to encourage the GDC to discuss the possibility of government funding for changes in dentistry. Equally, GDC registrants should be given protected study time as part of NHS contracts.

45. We would reiterate the point that general CPD is still a valuable learning experience, and that some non-verifiable CPD can address the high-level learning outcomes.