

Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow comments on GDC consultation: Shaping the direction of lifelong learning

- 1- The College agrees with this list and would not add anything to it.
- 2- With the requirement to achieve a certain number of hours, getting CPD can be seen as a tick box exercise. With concerns regarding the time and financial burdens placed on individuals to maintain their registration, they may choose CPD that is the easiest/simplest/cheapest to fulfil their requirements. Other staff should be more involved and more emphasis given for core CPD for auxiliary staff. Further improved NHS-led funding for appropriate remuneration which could encourage more appropriate CPD courses to be completed by practitioners. The Royal Colleges should be active in this area. Dental schools may be well placed to support this but are unlikely to have the necessary funding.
- 3- These are reasonable areas to be included. It is important to avoid repetition. Consultants and other salaried staff are already required to put together a similar portfolio as part of annual appraisal. It would be helpful to offer guidance and examples of topics and areas which can help people. In the light of cases in the recent past, reassurances should be given that constructive self reflection is not to be used negatively. If not, there is a risk of avoidance of appropriate reflection due to fear of reprisal.
- 4- Recommending its use, setting a deadline and a financial, rather than professional penalty should motivate.
- 5- The GDC needs to understand and appreciate time constraints on people during the working day and the level of time it takes to complete CPD reflection. People find it difficult to get this done during a clinical day. If a more user-friendly form can be provided, that is a flow chart or more of a tick box form, this can allow it to be completed more easily. It may be difficult for employers to allow time during the day for employees to complete this.
- 6- More trust may be needed to be given to dentists and DCPs for allowing them to help tailor their own goals. For example, there is no need for extra CPD rules for specialists.
- 7- This needs to be embedded in the culture at undergraduate level. Deadlines and monetary fines do focus the mind.
- 8- Without a minimum PD hour requirement, there would have to be a judgement as to what was sufficient so the College supports the maintenance of the minimum CPD hour requirement.
- 9- Removing the requirement counters the reason why it was instituted in the first place.
- 10- An annual declaration is still required to ensure regularity of CPD. The GDC could sample a proportion of portfolios each year. However, this should not be allowed to drive up costs. Will help remind professionals of CPD requirements and keeps them on track. The GDC could develop a CPD app that can be linked to their GDC account so registrants can update their records as they collect CPD.
- 11- Active learning activities are generally costly and time consuming. However, hands on courses are most useful when compared to theory alone. Interactive days that get people involved through the CPD session are more effective.
- 12- Locally based study clubs and mentorship are beneficial. Webinars can be accessed from any location. RCPSG is in its second year of producing a series of relevant webinars.

Accessing courses is difficult sometimes due to poor advertising. Having a central and accessible website with all courses to be uploaded would raise awareness of what is available to a wider audience.

- 13- Interactive sessions are enjoyable and effective. In-practice interactive sessions are promoted but consideration must be given to avoiding loss of income as practice owners will see this as a barrier.
- 14- Same professional level.
- 15- Case supervision with other colleagues, study clubs. This can be done also online in an interactive manner.
- 16- Time and money. Smaller groups are better for practical areas or topics, but this limits how many people can be involved with these sessions.
- 17- Royal Colleges, Deaneries, dental hospitals. They should co-ordinate in order to avoid repetition and competition, as RCPSCG does with various organisations providing CPD. Guidance on how to improve interacting in small/medium/large group teaching might help everyone follow a similar model of teaching.
- 18- The GDC could encourage a set amount of interactive CPD required.
- 19- Time and money.
- 20- CPD courses can only provide 'best average' of activities which most people can do and will apply to them. How effective these are for individuals depends on many factors including their own learning history.
- 21- Keep it voluntary and less onerous. Some areas for reflection appear to be repetitive.
- 22- The recommended areas have a positive role in planning CPD as they provide guidance to the most important areas required. However, not all are applicable to all registrants and this should be recognised.
- 23- The recommended topics should be kept. They provide a useful guide
- 24- The GDC should respect the professionals' ability to identify their learning needs. In terms of access it would be helpful to have a central area where any CPD courses are located. CPD courses could be uploaded to one area to facilitate locating national and local courses.
- 25- Royal Colleges, defence organisations, specialist societies, BDA and deaneries.
- 26- Lifelong learning is at the heart of any professional/s practice. Registrants carry out a wide range of practice and it is very difficult to find a 'one fits all' approach.