"I am not keen on reading from a computer screen but I am aware that this is not a strong enough argument to stand in the way of progress."

VERIFIABLE CPD PAPER

CPD revisited

From the beginning of this year we altered the BDJ Eastman CPD programme so that one of the papers was available in full, online only. There were several reasons for this and although I included these in an Editorial last December, immediately preceding the changes, it seems that many readers missed this, doubtless in the pre-Christmas rush. The move was made possible by the change to putting 'research' papers in full online only and to beginning advanced online publication meaning that the time between accepting a paper and it being published can be greatly reduced, to the advantage of all.

But the main thinking behind putting one of the CPD papers online was the hope that as a result more readers would go online and explore the advantages of the *BDJ* site in particular and of electronic publishing in general. There is a lot of additional content and value in the *BDJ* site and we felt that this may be one method of prompting readers and users to explore. Progress in publishing and IT is such that information now, and certainly in the future, will increasingly be referenced by means of the Internet. Whether we as individuals or as dentists like this, or find it convenient or inconvenient is, I am afraid, not going to stop the trend. The *BDJ* is now both a paper *and* an electronic journal and needs to be seen us such.

There have been criticisms of this CPD development which may be described in two groups: that readers are somehow being deprived of verifiable CPD hours and that going online is inconvenient.

BDJ VERIFIABLE HOURS

One particular fact which encouraged us to make the move was that the *BDJ* offers far in excess of the verifiable CPD hours needed in a particular year. The GDC requirements are for 250 hours over a five year cycle. This is often broken down for convenience to be thought of as 50 hours per calendar year made up of 15 hours of verifiable CPD and 35 of general (non-verified) CPD. The *BDJ* offers two hours of CPD in every issue, and with 24 issues a year that amounts to 48 hours of *verified* CPD. Therefore, even if users/readers do not wish to go online they will still have the opportunity to accumulate 24 verifiable hours per year, which is greater than the GDC requirement of an average of 15 hours. This takes into account the fact that it is possible to answer only the one CPD paper in the print version of the journal. The actual number of pages remains the same in the printed version and so all reading can be recorded as 'non-verifiable' CPD and is just as legitimate according to the GDC's requirements, so that you will still be able to acquire your annual CPD quota from the *BDJ* alone, should you wish to do so.

Additionally, from this month, June 2007 we have introduced a print form of CPD into *BDA News,* which we hope will be of added value to BDA members. So that, together, BDA publications can provide a total of 60 hours verifiable CPD in a full year using print and online papers, or 36 hours (24 *BDJ* and 12 *BDA News*) in print versions only, against a need for just 15 hours. Therefore there are no grounds for claiming that this change is a deprivation.

CONVENIENCE

From the convenience viewpoint I understand the arguments. I also like paper, journals and books. I like their feel, their smell, their familiarity and their convenience. I am also not keen on reading from a computer screen but I am aware that this is not a sufficiently strong enough argument to stand in the way of progress. It is, of course, possible to print a copy of the online only CPD paper and read it in the conventional way. Some readers have objected to this as it is expensive, it is not environmentally friendly and because these are pages that 'should already be printed in the journal'. If we are honest these are relatively minor grumbles the impact of which, with economy and recycling, can be minimised. The claim that members are being made to pay twice is nonsense. The pages released in the print journal by no longer printing the research papers in full are still there, the journal has not shrunk in its extent. Instead the pages are taken up with practice and clinical articles and papers. Readers are actually getting more not less. Additionally it is worth noting that far from the journal costing money, it actually returns a profit to the BDA, being the single largest source of annual income after subscriptions and thereby subsidising those same subscriptions.

Despite these objections the evidence-base is clear, that user figures for the CPD programme have not declined when compared with the equivalent figures from 2006 and for some issues have increased. Overall, the website visiting figures have increased markedly, as now reported on the Contents page of each edition. As something of a side issue, interestingly, although some users have complained bitterly about not using computers and being technophobic, virtually 100% of users answer the questions on the online site. Although the option is there to return the answers on paper, by post, almost no one does so. Perhaps the fact that there is a £10 charge acts as a disincentive.

THE WIDER PICTURE

These are all what might be termed housekeeping matters. I would also like to address some other questions that have arisen in my mind as a result of the contacts, discussions and points of view to which I have listened recently.

Two aspects have come over strongly. That CPD is a 'must have' commodity regardless of quality; and that there is little or minimal consideration of relevance to the individual, or in deference to the name continuing professional (for which read personal) development.

I get the distinct feeling from the sense of panic in the voices heard and emails read that anything which gets in the way of the easiest, quickest route to obtaining CPD is a desperate matter. There is a type of blind frenzy that overtakes us which I am tempted to suggest stems from our now, almost genetically imprinted, imperative to collect and to earn. In the old days it was to gather as many NHS patients as possible as quickly as possible, now it is to 'get through' UDAs with as much expediency as can be mustered. Perhaps we need to step back and ask ourselves if this is really the best we can do. Does anyone really get satisfactory results for themselves, and in our situation particularly for our patients, by being in a constant catch-up for units, hours and targets?

It is in one way pleasing to discover that many *BDJ* readers use the journal's CPD programme as the sole or at least main source of their mandatory requirement. In another way I find it alarming. I believe that in conception the idea of lifelong learning was, as the name suggests, a method of encouraging dentists to develop along defined lines based on individual needs and aspirations. However robust and worthy our CPD might be I do not think it can deliver everything that an individual needs. Rather this is likely to be made up of choices from a menu of opportunities. Courses, lectures, BDA meetings, seminars, exhibitions and so forth are vitally important opportunities to get out and to associate with fellow professionals. As I have written here previously, however good the content of a presentation, it is the chat in the tea and coffee breaks, over lunch and dinner that is as important for our development and our sanity.

Surely the smart way to approach CPD is that of the personal development plan, or of training needs analysis. One does not have to employ fancy words for the procedure or even know what the terminology means, it is the common sense process of setting a goal and planning the way to achieve it. We do it constantly, repeatedly, with every treatment plan for every patient. What is the objective? – to relive the person of pain; what is the plan? – to extract a tooth... and so on. Why are we so good at that but so bad at applying it to our own ambitions? Whatever the objective might be we need to define it and then seek ways of achieving it and, almost incidentally, our CPD requirement will be built up.

RELEVANCE AND ROBUSTNESS

The development and refinement of the CPD process is inevitable and to be encouraged. The GDC has implemented a set of new recommended core subjects and suggested a minimum number of verifiable hours per CPD cycle that dentists should spend on them. These are: medical emergencies (at least 10 hours); disinfection and decontamination (at least 5 hours); radiography and radiation protection (at least 5 hours). In addition, the GDC recommends that dentists working in a clinical environment carry out CPD (verifiable or general) to make sure they are up to date in: legal and ethical issues, and handling complaints. Dentists should start incorporating these core subject areas into their CPD when they begin their second CPD cycle and full details are available on www.gdc-uk.org.

We are criticised in some quarters for the apparent ease with which users can obtain CPD hours from our programme. Detractors point out that the hours are given irrespective of how many questions are answered correctly. In essence, it is possible to fraudulently complete the answers. Yes, true. But what a sad reflection of our view of our fellow professionals and one which is not borne out by the figures: the majority of respondents get the majority of the questions right most of the time. Interestingly the GDC's attitude on matters of this nature is that the important aspect is that dentists have read the material and reflected on it rather than necessarily getting all the answers right first time. Nevertheless, we will in due course also make changes so that users will have to get a given percentage of answers correct before the hours are granted.

And finally, this editorial forms one of the two CPD papers in this issue for the express reason that no one who completes their CPD in this issue can in future reasonably claim that they are unaware of the background to the *BDJ's* CPD policy.

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