

Letters to the Editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

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LETTERS

CRITICAL FEEDBACK

Sir, the recent editorial and accompanying paper regarding the *BDJ* UCL Eastman CPD programme made for interesting reading.^{1,2} Heralded as 'raising CPD standards', I was disappointed to discover that the only change was the implementation of a 50% pass mark. 'Doing the bare minimum' would have been more appropriate.

There are numerous matters raised in the texts that merit response, but space in a letter precludes this so I will address those which I consider as both a consumer and provider of CPD most pertinent. The first is the attitude expressed towards those critical of the scheme:

'One of the concerns expressed about the CPD provided through journals is that it has the capacity to be merely a "box ticking exercise". Various users have sought to emphasise the point by doing just this and "cleverly" illustrating the loop holes for those unethical enough to follow suit.'

As one of the few who have had correspondence published that highlights this very characteristic, the inference that I am seeking to be 'clever' and have acted unethically is insulting. Those responsible do not appear to welcome critical feedback, which is an integral component of quality assurance for verifiable CPD. The editor must clarify precisely what he means.

The purpose of the questions was described as 'the equivalent of the act of signing-in to a lecture to obtain proof of verifiable CPD'. This is only valid if there is a pass mark. The GDC requires 'that you will be given documentary proof (such as a certificate) that you carried out the activity.' When attending a lecture this requirement is met by the

organiser confirming physical presence. Journal CPD is a distance learning activity, with questions confirming virtual participation. These must assess (at the very least) that the papers have been read and understood. Without a pass mark this function cannot be performed therefore journal CPD that does not have one is a general not verifiable activity.

But so much more could be done, and this is where 'the leading dental publication in the UK' with 'a continually increasing international reputation' has missed a significant opportunity. Well-written questions that cover the scope of the papers would help readers to engage in active rather than passive learning, thereby deriving greatest benefit for their patients. The authors claim that it is difficult to write good multiple-choice style questions for peer-reviewed papers of 3,000 words. As the author of two journal CPD schemes I disagree: whilst this is not a simple matter, it should be well within the capabilities of a journal that has the benefit of a peer-review process and favourable lead times, should it be so minded. The manner in which feedback is provided could also easily be improved.

Changes like these would help address the frequent criticisms of the lack of correlation between the hours awarded and the time allocated to the activity. Independent data published in the *BDJ* portfolio 2009 reported that the average time spent reading the journal was 38 minutes. This rather begs the question of how two hours of verifiable CPD can be awarded for reading two papers.

It is interesting to note that the model upon which the scheme is based is that of the *Journal of the American Dental Association*. Crucially their pass mark of 75% was omitted. Why? The

authors do not say, but a clue lies in what follows. A value of 50% was only introduced following a survey of users which showed that most were in favour of 75%. However, because 31% did not want one at all it has been decided to introduce it at the lower level. Clearly it is what is acceptable to the customer – a commercial consideration – which seems to take preference over any education one that benefits patients.

The GDC published a press release on 18 April 2013 calling for CPD providers to ensure quality. The review, which received only 387 responses (less than 0.04% of dental registrants; is this a reflection of the importance of CPD to registrants?), had identified areas of concern and called for CPD providers to both 'robustly quality assure their CPD products and services' and 'be proactive in working together to develop industry-led quality standards to give dental professionals, as CPD consumers, assurances about their products and services'. The content and tone of the editorial demonstrate sadly that the *BDJ* is doing neither. This will do little to reassure the growing cynical general population that dentists are implementing improvements in patient care through their CPD activities.

I look forward to those responsible for the scheme responding to the specific matters raised herein.

A. P. S. Gould
By email

Dr Gould is a dentist, clinical teacher and owner of The Dental Channel, a provider of CPD resources.

1. Hancocks S. CPD – changing access and raising standards. *Br Dent J* 2013; **214**: 483.
2. Faigenblum M J, Eder A, Louca C. *BDJ* UCL Eastman CPD programme: an online survey. *Br Dent J* 2013; **214**: 519–523.

The Editor-in-Chief responds: I thank Dr Gould for his letter. The journal does not shy away from criticism and as regular readers will be aware is a place where adult debate is encouraged in order to promote and develop a healthy and ethical professional exchange. Dr Gould requests a response to specific matters raised in his letter. It is my belief that many of these were addressed and our reasons for making the changes we did were explained in my editorial, to which he refers.¹ The matter of CPD is in danger of going around the same circle again and again with well-rehearsed arguments and it is therefore not my intention to use valuable column inches to reiterate these.^{1,2}

However, in relation to my two sentences regarding criticisms of any journal CPD scheme as being ‘merely a “box ticking exercise”’ Dr Gould has inferred that ‘as one of the few who have had correspondence published that highlights this very characteristic’ I was referring to him personally. This was a generic point which has arisen many times in conversations, email correspondence and in presentations; not solely in published content in the BDJ. I am, frankly, genuinely surprised to read that he should take this so much to heart as I was certainly not referring to him personally. Consequently, nor was I or could I have been suggesting that he is unethical, nor was I being consciously insulting towards him, however much he might feel that I was. He was not specifically in my mind at all and I trust that this publically clarifies the matter.

As to the validity of a verifiable activity I think it is disingenuous to state that in relation to lectures the requirement of documentary evidence ‘is met by the organiser confirming physical presence’. Just as many critics of journal CPD (or ‘virtual participation’ CPD as Dr Gould terms it, presumably including participation on his own company’s website in this description) point to box ticking exercises so they also identify attendees of lectures sleeping through them, sending texts or engaging in various other activities none of which include paying attention to the presentation. I think it is disappointing too that in analysing the editorial he fails

to comment on my statement that the ‘overwhelming majority of users get the overwhelming majority of questions correct’. I suspect that the same majority, in reading this, will feel that they act perfectly ethically in conscientiously reading the papers, answering the questions and studying the answers and would themselves feel not unreasonably slighted that their genuine time spent on this CPD activity is snubbed as being of some lesser value. The quoted figure of the ‘average time spent reading the journal was 38 minutes’ refers to all readers (print version approx 20,000 copies per issue; online version in excess of 100,000 unique readers per month) and so does not specifically refer to those undertaking CPD.

Importantly, the GDC has not ever, and does not now make any mention of ‘pass marks’ in relation to any verifiable CPD activities and has not taken the opportunity to do so in its most recent updated version published in September 2013. To suggest otherwise is in my opinion an incorrect interpretation.

Dr Gould states that the GDC’s review of CPD received only ‘387 responses (less than 0.04% of dental registrants)’ and asks if this is a reflection of the importance of CPD to registrants. He may also like to know that he is the only person who has written to the BDJ on the subject of the editorial since it was published. I think this doubly answers his question, at least with regard to picking over the detail in preference to getting on with the objective which is lifelong learning.

We have extended the courtesy to Dr Gould of publishing his letter in full, which at 825 words is greatly in excess of our usual limit of 500 words as we feel that it is an important topic and to demonstrate our commitment to publish critical as well as complimentary content. I have pledged to continue to review the content, conduct and quality of our CPD offerings, will do so, together with our partners, and will factor Dr Gould’s constructive criticisms into our discussions. While we do not wish to stunt any further debate we would ask that future correspondence covers new ground and respects the 500 word limit.

1. Hancocks S. CPD – changing access and raising standards. *Br Dent J* 2013; **214**: 483.
2. Hancocks S. Does D put the dilemma in CPD? *Br Dent J* 2012; **212**: 461.

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AN EFFECTIVE PIPELINE

Sir, Professor Kay’s editorial (*BDJ* 2013; **215**: 199) highlighted the importance of being able to succeed in a career for which one shows both talent and commitment. It also stated the importance of visible role models and equal opportunities to rise to the top of one’s profession. Professor Kay emphasised these issues from a female perspective and also promoted the potential for equal opportunities afforded by the Athena SWAN Charter which is managed by the Equality Challenge unit.

The School for Oral and Dental Sciences in Bristol provides an example of how it is possible to change the historic trends that are referred to in that editorial. We were awarded a Silver SWAN award in April 2013. While we are, without doubt, a school like those described (we admit around 70% of female undergraduate students each year and eight out of 22 staff at senior lecturer level or above are female) we are committed to the principles of Athena SWAN and a culture of equality for both women and men. Ten years ago fewer than half of our undergraduate students and three out of 22 members of staff were female; now 22/42 (51%) full time equivalent academic staff (across all levels) are female. We believe that we have an effective pipeline which is supporting female dental academics as they reach and maintain senior roles.

In preparing for the SWAN application we undertook qualitative interviews with female members of academic staff and one of the messages to come from that was that, as Professor Kay suggests, academic staff within dental schools are ambitious and keen to progress. However, those interviewed also reported that what was required was equality for all and it is this that we are working to maintain. Our action plan for the application was developed to ensure that we continue to encourage and support equality and our working