

EDITORIAL

yCPD

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The General Dental Council (GDC) launched its new scheme for continuing professional development (CPD) on 1 January this year. Confusingly it is entitled eCPD. One might reasonably interpret the 'e' as standing for 'electronic' but no, it stands for 'enhanced'. To be honest it is difficult to understand what is enhanced about it and indeed it is so convoluted that it might better be dubbed ecCPD, or 'excessively confusing' CPD. It involves only verified hours, every registrant having a personal development plan (PDP), everyone having to work out their own number of required hours based on their position in their existing five-year cycle and cross-tabulating all this with one of four outcomes labelled A–D based on the entire GDC's document on standards. In all other respects it is crystal clear and so much more straightforward than previously. If you think I am exaggerating please write and tell me. I imagine the educationalists at the GDC will.

The system is now in place, will be rolled out to DCPs on 1 August 2018, and is set to trouble all GDC registrants for years to come as they struggle to complete what should not be a chore but a pleasure and a satisfaction. I would like though to take a wider look. Why do we have enforced CPD at all? I believe that at base it is not a policy of beneficence by the GDC to prompt professional satisfaction but a survival justification to show that they are protecting the public. By having a CPD function they can account to politicians, and others, assuring them that registrants who don't keep up to date face sanctions and ultimately the removal of their licence to work. At best it is a face-saving exercise whereas it could, and should, be a genuine attempt to develop individuals' knowledge, skills and abilities to care for the patients who trust them.

Let's follow the logic of say, attending a lecture on some aspect of clinical dentistry.

With the explanation of a technique involved it should be one of the easier trails to follow. A dentist attends the session, stays awake throughout it and returns to practice the next day. The first patient through the door potentially has a condition that could benefit from the technique the practitioner had seen in the presentation. However, he or she decides that it is not appropriate. Who can judge whether this is a failure in the CPD, a failure in the dentist or a matter of good judgement? What about the next patient and the next and so forth? Even if there was a GDC policeman standing behind every registrant every working hour how could the link be made between education and change of activity? It cannot, no reasonable person would expect that it can.



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What we have now with eCPD and had previously with naked CPD is a quantitative exercise. PDPs still have to be populated with numbers of hours of study or activity with no real measure of the effect of those time periods spent. Surely what makes logical sense, and indeed could provide an evidence-base in the same way that the GDC and others drive us relentlessly to prove that our actions are so founded, would be qualitative measures. Here, however, we come to the stumbling block; the deep rooted reason why it doesn't happen. Because being qualitative requires some form of human assessment rather than electronic bean-counting. Is this practitioner still a fit and competent person to

treat members of the public? Only another person can make a judgement of this sort albeit with additional input, evidence and observation. And what does that need? Money, resources, structures, systems. Guess what; no one has these to invest. CPD has been conceived to be delivered on the cheap, the only ones who pay in time and money are the registrants, squeezed from their existing hours or jemmied into their spare time, evenings, weekends, holidays. If it had value it might not be so bad but as we know it has a very questionable value if any at all. It is another meaningless imposition piled high with others that crush, stifle and cause increasing levels of burnout.

I really do not want you to think that I am against lifelong learning or continuing

education, personal betterment and development, public protection or professional accountability but I am becoming increasingly exasperated that the measures put in place to allegedly achieve these goals are not capable of delivering them in an honest way. Is anyone really convinced by the system as it is? If it was actually explained to politicians and the public would they sleep more easily? If an alternative was presented to them which raised the cost of dental care by, say, ten percent or more in order to create a robust system for ongoing quality postgraduate education would they be happy to pay for it? Or, like many of us would they simply ask; yCPD? yPretend. ■

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