



Quality Assurance Framework for Dental Workforce Development

This guidance has been updated to reflect the changes made to Continuing Professional Development (CPD) by the General Dental Council (GDC) in 2018. We acknowledge and thank Professor Linda Prescott-Clements and the Expert Advisory Panel (see appendix 1) chaired by Helen Falcon for their work in producing the original COPDEND UK (2014): Framework for Quality Assurance for Dental CPD on which this revised guidance is based.

The working group for the revisions included:

Tony Anderson, Samantha Braddock, Jane Davies-Slowik, Stephen Dixon, Donna Hough, Katy Kerr, Lucy Silk, David Thomas and was chaired by Professor John Darby (see appendix 3).

Introduction

In the UK, there is a requirement as directed by their regulatory body, the General Dental Council (GDC), for all dental registrants to undertake Continuing Professional Development (CPD). The completion of regular and effective CPD is considered vital in maintaining dental professionals' competence and ensuring they remain up to date and fit for practice throughout their careers. In 2018 there was a new style Enhanced CPD scheme from the General Dental Council (GDC) which is designed to be flexible, so that registrants can plan their CPD activity to suit their professional needs, and adapt the activity as required across the CPD cycle. Depending on the registrant's title, there are a minimum number of hours of verifiable CPD for each five-year cycle. Registrants may continue to do non-verifiable CPD, however all hours submitted to the GDC must be verifiable.

Minimum hours of CPD per cycle	
Title	Hours
Dentists	100
Dental therapists	75
Dental hygienists	75
Orthodontic therapists	75
Clinical dental technicians	75
Dental nurses	50
Dental technicians	50

A study investigating CPD in Dentistry in the UK highlighted the large number of CPD providers, and variation within the types of delivery and quality of provision². There may often be significant cost implications for dental professionals in terms of completing CPD and value for money in terms of high quality education is important. This Framework centres on the CPD requirements of the dental workforce in the UK. The GDC advise, "all dental professionals, as consumers of CPD, make careful choices when investing time and money in CPD products and services and obtain advance assurances (where possible) as to their quality and value for money".

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Definition of CPD

CPD has been defined by the GDC as follows: “CPD for dental professionals is defined in law as lectures, seminars, courses, individual study, and other activities, that can be included in your CPD record if it can be reasonably expected to advance your professional development as a dentist or dental care professional, and is relevant to your field of practice or intended practice”.

For further information, visit: <https://www.gdc-uk.org/professionals/cpd/enhanced-cpd>

The Quality Assurance Framework is designed to support both providers of Continuing Education and Development for dental professionals and for Dentists and Dental Care Professionals (DCPs) themselves. It is informed by evidence and designed to be a practical tool for use by ‘Providers’ and to help dental professionals to make informed choices about their continuing professional development (CPD).

Definition of Quality Assurance

Quality assurance is a programme for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

The purpose of quality assurance (QA) is as a pro-active tool to mitigate risks and help with their identification. QA focuses on the process of quality and will include the following elements which interlink and overlap:

1. **Quality Planning:** is the process for determining the way to meet the learner’s needs and plan how to achieve this. The plan should specify quality standards, practices, resources, specifications, and the sequence of activities relevant to the educational activity.
2. **Quality Control:** Once the plan is developed and processes are in place quality control measures ensure that there is adherence to the required specifications. This will involve systematic checks to ensure that the educational activity meets the set targets. It also necessitates that there is a system to correct the process if there is non-compliance.
3. **Quality Improvement:** is the means to continually find ways to improve the existing standards and devise ways to achieve the new targets.

Evidence to inform the development of a Quality Assurance Framework was identified during the research via two methods: (1*) an extensive review of the published literature (from databases and grey literature) with regard to CPD quality, effectiveness and quality assurance mechanisms from a range of professional contexts worldwide, and (2)* an audit (comprising over 50 in-depth interviews with a range of CPD providers) of quality assurance processes currently in place across the sector. This encompassed different types of CPD format, mode of delivery and provider.

¹ Within the legislation it states that “Verifiable” CPD means CPD for which there is documentary evidence that – a) the dentist/DCP has undertaken the CPD; and b) the CPD has – i) concise educational aims and objectives; ii) clear anticipated outcomes; and iii) quality controls.”. <http://www.gdc-uk.org/Aboutus/Thecouncil/Pages/governancemanual.aspx>

² ICF GHK (2013) Rapid Industry Assessment of CPD in Dentistry. [http://www.gdc-](http://www.gdc-uk.org/Newsandpublications/research/Documents/Rapid%20Industry%20Assessment%20of%20CPD%20in%20Dentistry%20FINAL.pdf)

[uk.org/Newsandpublications/research/Documents/Rapid%20Industry%20Assessment%20of%20CPD%20in%20Dentistry%20FINAL.pdf](http://www.gdc-uk.org/Newsandpublications/research/Documents/Rapid%20Industry%20Assessment%20of%20CPD%20in%20Dentistry%20FINAL.pdf)

Scope of the Framework

This Framework encompasses different types of CPD provision (face to face, 'hands-on', online, journal and conference formats), from a range of different providers (private / commercial providers, academic institutions, and postgraduate deaneries).

Framework Overview

This document is an important one as it will form part of the basis for CPD to be recognised as verifiable. The GDC state that, 'we have agreed to focus the enhanced scheme on verifiable CPD so that can be independently verified, where we require it. This means only CPD activity that is verifiable would be admissible in the Enhanced CPD scheme'.....' It would also provide auditable supporting documentation that is open to scrutiny by us where we require it. This is important to ensure we can provide on-going public assurance that registrants are keeping their skills and knowledge up to date.'

The Framework is structured around three principle areas vital to quality CPD: Planning and Development, Delivery and Administration, and Evaluation.

The sections within the Framework are as follows:

1. CPD Planning & Development

- 1.1. Educational Aims, Learning Objectives, and Development Outcomes
- 1.2. Educational Design & Development

2. CPD Delivery & Administration

- 2.1. Educators & Trainers
- 2.2. Assessment of Participants' Learning
- 2.3 CPD Administration

3. CPD Evaluation



To reflect the standards for Enhanced CPD only one quality standard is described within the Framework. This describes the required quality criteria considered appropriate to ensure effectiveness in terms of educational impact which particularly relates to the provision of CPD courses. Higher Education Institutions and other external education/ training providers will be required to have their own mechanisms for quality management. Quality assurance will be the responsibility of the commissioning organisation.

All CPD activities should be developed and delivered by experts in their field, have evidence-informed content and use effective and engaging delivery methods. Such activities have been shown through evaluation to lead to high levels of participants' satisfaction, and have a demonstrable positive educational impact on participants' practice and/ or patient outcomes.

How to Use this Framework

This Framework is a tool which focusses upon CPD *activities*, and is structured to provide guidance to the following two groups with separate sections detailing the responsibilities of each.

- **The organisation either commissioning or providing the CPD activity (or both)**
- **The individual(s) delivering and / or developing the CPD activity**

For each of the three areas highlighted above, a range of key quality criteria for CPD are described in tables, representing provision that meets the Expected Standard. If the CPD activity / provider fulfils the performance criteria and can provide supporting evidence in this respect, this is indicated as having “MET” the level.

For a CPD activity to meet the COPDEND quality assurance standard (referred to in the GDC standards for ECPD) all the quality criteria should be met.

For further information, visit: <https://www.gdc-uk.org/professionals/cpd/enhanced-cpd/cpd-providers>

Providers should be able to support declarations of meeting quality indicated with evidence if necessary, as it is anticipated that CPD users may request this information (particularly in areas where it may be difficult for them to assess compliance for themselves). Providers may wish to make such evidence accessible to potential participants of CPD activities via websites or marketing material. Where supporting evidence can be provided, providers may claim that the CPD activity meets the COPDEND quality assurance criteria for Dental ECPD. However, use of the COPDEND logo is not allowed without prior consent.

CPD activities should address a pre-determined training need for the target audience. Various mechanisms exist to identify training needs, from priorities identified as being relevant to all professionals such as CQC topic recommendations etc., to individual professionals’ training needs such as via appraisal, self-assessment, and reflection on practice, addressing concerns etc. Individual training needs analysis to develop a PDP is the responsibility of the user, and provider input to this process may not be possible.

Content for all CPD activities should be explicitly evidence-based or evidence-informed where possible, and sources and / or supporting evidence for the content is referenced so that participants are informed.

Those responsible for independent review, or appropriate and/or educational expertise, must satisfy themselves that those involved in providing this activity are appropriately qualified to act in this capacity.

A glossary of terms is in Appendix 2.

GDC Guidance for Enhanced CPD

The Enhanced CPD scheme ensures CPD activity is firmly embedded in the professional life of dental registrants.

Plan - Registrants will identify CPD needs using a personal development plan. This will enable them to evaluate their learning and development needs, in accordance with the GDC's standards and their scope of practice. This could be done individually or in conjunction with peers or colleagues, the employer/commissioner (such as through an appraisal etc.), or the wider dental team. It may also be informed by other information derived from patient feedback, complaints, audit, significant event analysis and peer review processes, or dental practice evaluations, for example.

Do - By identifying CPD that best meets their needs, registrants would then embark upon the planned activity in a timely way.

Reflect - Following the CPD activity the registrant can reflect on its impact by considering how it has or will enable them to maintain and develop their skills. It would enable them to evaluate how their CPD contributes to supporting them to practise in accordance with our standards and how it has contributed positively to the wider context of patient care.

Record - The registrant would then record what they did, including any independently verifiable evidence. They can document the impact and benefits that a CPD event provided, based upon their reflections, and describe how the CPD activity enabled them to achieve outcomes that relate to the GDC standards. This will enable them to identify further learning needs which could be added to their personal development plan, and so continue the process.

A CPD record should contain written records of:

- a personal development plan which details all the CPD the registrant plans to undertake, the development outcomes they aim to meet and timeframe for completing the CPD. This should be created at the start of the five-year cycle and adapted throughout the cycle,
- a log of the CPD undertaken- including the date and number of hours gained from each CPD activity
- the evidence (e.g. certificate) gained from the providers for each CPD activity
- the development outcomes mapped against all planned and completed CPD activity.

The GDC has set four development outcomes that your CPD must be mapped against for each activity. They are:

- A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk;
- B. Effective management of self, and effective management of others or effective work with others in the dental team, in the interests of patients at all times; providing constructive leadership where appropriate;
- C. Maintenance and development of knowledge and skill within your field of practice; and
- D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.

GDC Guidance on Quality Assurance

The GDC requires that CPD must be subject to some form of quality assurance to be counted as verifiable. Dental professionals are responsible for ensuring their declared CPD meets the verifiable criteria. The GDC encourages professionals to seek clarification of this from providers, before selecting CPD. Quality assurance should be present at all stages of verifiable CPD activity - before, during and after – no matter in what form the CPD activity is delivered or received, or whether it is paid for or free. There are several ways verifiable CPD can be effectively quality assured. Some examples are as follows:

Quality assurance measures taken by providers before CPD activity could include:

- Educational governance policy;
- Equality and diversity policy;
- CPD needs assessment;
- Peer reviewed content;
- Evidence-based content;
- Policies and procedures to avoid commercial bias;
- Appropriate recruitment and selection of those delivering CPD;
- Integration of pre-existing feedback;
- Transparency of verifiable criteria;
- Evidence-based educational strategies.

Quality assurance measures taken by providers during a CPD activity could include:

- Robust methods in place to confirm attendance and active participation by attendees;
- Methods to monitor and evaluate content delivery;
- Using trainers with expertise on the subject, and/or educational expertise to deliver the content;
- Content that demonstrates a clear relationship with anticipated development outcomes throughout delivery;
- Opportunities for active participation and/or discussion during the activity;
- Opportunities for participant reflection during or immediately after the activity;
- Assessment of learning;
- Accurate measurement of duration of actual CPD activity – i.e. not including break and travel times.

Quality assurance measures taken by providers after a CPD activity could include:

- A reflective element for participants to link to their personal development plan and activity log;
- Participant evaluation and feedback methods that are used to improve the activity;
- An assessment of participant learning and participation;
- Post-delivery evaluation;
- A complaints procedure.

Quality Criteria for CPD

Responsibilities of the organisation either commissioning or providing the CPD activity (or both)

1. CPD Planning and Development

		Examples of potential supporting evidence	Description / Additional Notes
1.1	Educational Aims, Learning Objectives, and Development Outcomes		
1.1.1	Clear and concise educational aims, objectives and learning outcomes are available for the CPD Activity. These should be linked to the GDC standards via their development outcomes, A, B, C, and D (see page 6) so that the participant can find a suitable course that fulfils their learning needs identified in their Personal Development Plan (PDP).	<ul style="list-style-type: none"> • Written documents, such as course programme, CPD certificate, flyer. • Online programme • Other documents e.g. speaker agreement for activity, lesson plans, or within conference delegate pack 	<i>Educational aims, objectives and learning outcomes should be written in clear English, free from unnecessary jargon / acronyms, and accurately reflect the content and context of the provision.</i>
1.1.2	<p>Educational aims, objectives and learning outcomes, are written by an appropriate individual with subject-matter expertise, and reviewed by an individual with appropriate expertise, to ensure they are appropriate and relevant for the target audience.</p> <p>Educational aims, objectives, learning and development outcomes are published in advance and are easily accessible for consideration by potential participants of the CPD activity, so that the content and relevance of the activity can be considered before registering.</p>	<ul style="list-style-type: none"> • CPD documentation • Speaker contract • Certificates • Publication of evidence for 1.1.1 before the activity (date available), i.e. marketing documents, emails, marketing material, online, provider website. 	<i>Educational aims, objectives, learning and development outcomes should be published on marketing material, and websites.</i>
1.1.3	Participants should have an opportunity to provide feedback regarding whether the educational aims, objectives and learning outcomes for the CPD activity have been achieved.	<ul style="list-style-type: none"> • Feedback forms (paper / online) with appropriate content i.e. linked to aims, objectives, LO's. • Other course evaluation documents e.g. record of focus groups, written reports 	<i>Best practice would move beyond a single global question on a feedback form such as 'Have all the learning outcomes been met?' to provide participants with the opportunity to comment on each of the</i>

	<p>This feedback should lead to a review of the aims, objectives and learning outcomes and if appropriate, their revision.</p> <p>(see also section 2)</p>	<ul style="list-style-type: none"> • Documentation of changes over time e.g. in database • Quality reports, course review meeting minutes etc. • Course evaluation records 	<p><i>Learning Outcomes individually, and provide qualitative feedback on each and the degree they feel that they have been met or otherwise.</i></p> <p>Review should consider a range of evidence, including participant feedback, training needs information and contextual factors / relevance, to ensure that educational aims, objectives and learning outcomes remain appropriate.</p>
1.1.4	<p>Educational aims, objectives and learning outcomes are documented, e.g. on certificates provided for the CPD activity.</p>	<ul style="list-style-type: none"> • Certificates • See also examples in 1.1.1 	<p><i>This allows participants to easily access the necessary information to evidence CPD activities.</i></p>
1.2	<p>Educational Design & Development</p>		
1.2.1	<p>The qualifications, experience, and expertise of the individual responsible for developing the content of the CPD is reviewed by the provider, and details made available to potential participants in advance of the CPD activity.</p>	<ul style="list-style-type: none"> • Speaker agreement / contract. • Credentials of developer, e.g. cv, qualification, experience, publications, job spec. • Evidence of review, e.g. signed document, meeting record • Details published in course documentation (marketing docs), e.g. website, flyer, database. • Previous evaluations 	<p><i>Reviews of qualifications and experience should be transparent and where a conflict of interest occurs (between the reviewer and the proposed teacher/ trainer) this should be declared.</i></p>
1.2.2	<p>The instructional design of the activity uses evidence-based educational strategies to enhance participant learning, through consideration of the prior knowledge of the participants and where possible the contextual relevance for the target audience.</p>	<ul style="list-style-type: none"> • Evidence that prior knowledge considered, e.g. through discussion with participants, PDPs, pre-assessment, or description of prior knowledge needed to take course. • Documentation of educational strategies used, e.g. CPD programme, delivery plan, course content etc. 	<p><i>Strategies may include (but not be limited to) initiatives such as requesting contextual information from participants in advance so that content can be targeted, raising contextual relevance during discussions, strategies to ensure relevance for audiences of mixed professionals or those with a varying degree of prior experience.</i></p>

1.2.3	The instructional design of the activity uses evidence-based educational strategies to enhance participant learning and to maximise participant engagement. Addressing the needs of different professional groups if learning together and including strategies to enhance participant learning, by incorporating time for discussion, questions and providing feedback with opportunities for participant reflection during or immediately after the activity.	<ul style="list-style-type: none"> • Course programme highlights strategies used. • Participant feedback on effectiveness of engagement strategies. 	<i>In addition to attendance monitoring i.e. registers that sign 'in' and 'out' (or log activity whilst online), strategies may include (but not be limited to) initiatives such as regular questioning, discussion, exercises throughout and during provision, quizzes throughout the activity, and assessments.</i>
1.2.4	Content should be based on current evidenced material and free from commercial bias. Reviews of content take place at regular intervals to ensure that it is current, accurate, and suitable for the target audience. Where appropriate, the review should consider participant feedback.	<ul style="list-style-type: none"> • Record of meeting(s) when review was undertaken. • Database or schedule of dates reviews have taken place. 	<i>'Regular intervals' would depend on the frequency that the activity is provided, but for face to face courses this should be at least annually.</i>

2. CPD Delivery and Administration

		Examples of potential supporting evidence	Description / Additional Notes
2.1	Educators & Trainers		
2.1.1	Individuals responsible for the delivery of the CPD are identified through robust and transparent processes, based on their experience and expertise in the subject matter. Underpinned by policy guidance covering equality and diversity.	<ul style="list-style-type: none"> • Recruitment policy & process recorded • Speaker(s) (or online developer) CVs, qualifications, prior experience etc. • Previous feedback regarding speaker, or peer review. 	<i>Experience and expertise in the subject matter should be prioritised, although availability and cost are also important factors. Any conflicts of interest between the provider staff and potential teachers/trainers should be declared.</i>
2.2	Assessment of Participants' Learning		
2.2.1		<ul style="list-style-type: none"> • Reflection is included in the post activity documentation and on certificates. 	

	The CPD activity facilitates the participant to reflect on its impact by considering how it has or will enable them to maintain and develop their skills. It should enable them to evaluate how this CPD activity supports them to practise in accordance with the GDC standards and how it has contributed positively to the wider context of patient care.	<ul style="list-style-type: none"> Participants should maintain their CPD activity log. 	
2.2.2	Where relevant CPD activities might include an assessment of participants' learning (knowledge, skills, or behaviours relevant to the learning outcomes of the activity), using appropriate assessment methods.	<ul style="list-style-type: none"> Assessment documentation, including areas targeted and method used, e.g. knowledge test, observation, simulation etc. 	<i>Assessment methods should reflect the educational aims and learning outcomes, e.g. CPD to enhance knowledge could use MCQs, short answer questions etc., whereas CPD teaching practical skills may be assessed using expert's judgements following observed performance.</i>
2.3	CPD Administration		
2.3.1	There is a single point of contact for participants prior to, during and following a CPD activity, to manage administrative and educational queries.	<ul style="list-style-type: none"> Contact details recorded on marketing docs, CPD programme, online, conference pack etc. 	<i>The contacts for administrative and educational queries may be different individuals within the provider organisation or the point of contact may be the teacher/trainer themselves. Contact details should be clear to participants.</i>
2.3.2	Educational aims, objectives and learning outcomes are regularly reviewed (and if appropriate, revised) following evaluation of the CPD activity (including participants' feedback on their relevance).	<ul style="list-style-type: none"> Documentation of changes over time e.g. in database Quality reports, course review meeting minutes etc. Course evaluation records 	<i>Review should consider a range of evidence, including participant feedback, training needs information and contextual factors / relevance, to ensure that educational aims, objectives and learning outcomes remain appropriate.</i>
2.3.3	Details of the CPD activity are published in advance and available to participants, may include details of the activities aims, learning objectives and anticipated outcomes, format, educator / trainer (or developer for online or printed CPD), duration and cost.	<ul style="list-style-type: none"> CPD activity details on e.g. website, marketing materials, CPD programme, conference pack. 	<i>Information should be clear and easily accessible, on marketing material and websites.</i>

2.3.4	There is a robust system for recording attendance at the CPD activity, to confirm attendance and active participation by attendees.	<ul style="list-style-type: none"> • Example of records kept (e.g. register, database) 	
2.3.5	The provider securely keeps appropriate records, including the number of verifiable CPD hours completed by participants, title, aims, objectives and learning outcomes of each CPD activity, and evaluation data.	<ul style="list-style-type: none"> • Example of records kept (e.g. register, files, database) • Governance documents. 	
2.3.6	<p>Documentary evidence (e.g. CPD certificates) are provided to participants upon completion of the activity where evidence of engagement with the CPD activity can be demonstrated.</p> <p>For CPD to be considered verifiable, the evidence (e.g. certificates) given by CPD providers must include the following:</p> <ul style="list-style-type: none"> • The subject, learning content, aims, and objectives; • The anticipated GDC development outcomes of the CPD; • The date that the CPD was undertaken; • The total number of hours CPD undertaken; • The name of the practitioner who has participated in the CPD activity (with their GDC number); • That the CPD is subject to quality assurance, with the name of the person or body providing the quality assurance; • Confirmation from the provider that the information contained in it is full and accurate. 	<ul style="list-style-type: none"> • Certificates with relevant content 	<p><i>Where there is no evidence of engagement with the activity, CPD Certificates should be withheld.</i></p>
2.3.7	Documentary evidence (e.g. CPD certificates) include a prompt for the CPD user to reflect on their learning and link this to their professional development plan.	<ul style="list-style-type: none"> • CPD Certificate with prompt • Other documentary evidence of prompt, e.g. email, online system. 	<p><i>An example of areas which could be included on documentary evidence e.g. certificates to prompt reflection are (i) Why was this activity selected for CPD? (ii) What was the learning need or objective that was addressed? (iii) What was the outcome of</i></p>

			<i>the activity? (iv) Further learning needs (v) Links with PDP</i>
2.3.8	The provider has a quality assurance system and a formal system of quality management relevant to CPD provision, including transparent processes for quality improvement.	<ul style="list-style-type: none"> • Quality assurance policy • Quality improvement strategy and evidence of implementation e.g. database, records, audit, review meetings. • Quality management policy documents and evidence of implementation, e.g. records, database, files 	<i>Quality Assurance policies and quality improvement strategies should be available to participants if requested.</i>
2.3.9	CPD activities are checked for presence of commercial interests or commercial support / promotion, and where these exist they are disclosed to participants in advance.	<ul style="list-style-type: none"> • Evidence on materials distributed prior to the activity, e.g. marketing material, course programmes, online, conference packs, slides prior to lecture. 	<i>Reviews should involve multiple individuals with appropriate expertise, and consider a range of evidence and feedback regarding CPD effectiveness.</i>
2.3.10	The learning environment (and facilities) are appropriate, supporting participant engagement and learning.	<ul style="list-style-type: none"> • CPD activity documentation • Speaker agreements, declaration • Layout of activity (online / conference) 	

3. CPD Evaluation

		Examples of potential supporting evidence	Description / Additional Notes
3.	CPD Evaluation		
3.1	Structured feedback is obtained from individual participants anonymously following each CPD activity.	<ul style="list-style-type: none"> • Feedback form (paper / online) • Collated feedback report. 	<i>This should include the opportunity to provide qualitative comments on the activity, across a range of areas (not limited to 'tick boxes'). Feedback should be directly relevant to the CPD activity undertaken, and not just relate to the environment.</i>
3.2	Where questionnaires are used to obtain feedback from participants, the content and questions are relevant to the	<ul style="list-style-type: none"> • Example of feedback questionnaire, including structure (Question's asked, space for comments etc.) and relevance to CPD activity. 	<i>Questions should ideally be targeted appropriately rather than generic forms across all provision. Appropriate content</i>

	CPD activity being evaluated, with space available for detailed feedback and suggestions.		<i>for participant questionnaires includes: achievement of the learning outcomes of the CPD event regarding achievement of the educational outcomes, content coverage and extent of knowledge imparted, usefulness and relevance of the information provided, skills of the presenter, and suitability of the venue.</i>
3.3	Feedback from participants is requested regarding their satisfaction with the CPD activity in terms of educational effectiveness, including (1) achieving the learning objectives and outcomes, (2) quality of educational design and delivery, (3) relevance, (4) ability to engage participants, (5) value for money, (6) absence of commercial bias or promotion.	<ul style="list-style-type: none"> • Example of structured questionnaire including questions targeting each of the 6 areas. 	<i>Appropriate content for participant questionnaires includes: achievement of the learning objectives / outcomes of the CPD event regarding achievement of the educational outcomes, content coverage and extent of knowledge imparted, usefulness and relevance of the information provided, skills of the presenter, and suitability of the venue.</i>
3.4	Feedback from participants is routinely analysed in a systematic manner, and reviewed by all those responsible for the development and delivery of the CPD Activity.	<ul style="list-style-type: none"> • Evaluation strategy and data repository e.g. database, file etc. • Signed report following review, or record of review meeting. 	<i>Analysis should consider individual feedback and that of the entire cohort / participants.</i>
3.5	Participant feedback data is recorded and stored appropriately.	<ul style="list-style-type: none"> • Details of how data recorded and stored, e.g. reports, database 	
3.6	<p>The Provider has a published policy about managing complaints or concerns that is made available to potential participants.</p> <p>Concerns raised by participants are considered by providers and addressed where appropriate in subsequent activities.</p>	<ul style="list-style-type: none"> • Policy document • Evidence of publication e.g. website, emails etc. • Quality improvement strategy • Audits, review meeting records • Record of concerns raised and changes made to CPD activity (or reason no changes made). 	<i>Responses and decisions made following concerns should be recorded to ensure that feedback over time can be considered, i.e. providers can look back at previous feedback to identify patterns. Could be made available on website or upon request.</i>

Quality Criteria for CPD

Responsibilities of the individual(s) delivering and / or developing the CPD activity

1. CPD Planning and Development

		Examples of potential supporting evidence	Description / Additional Notes
1.a	Educational Aims, Learning Objectives, and Development Outcomes		
1.a.1	Clear and concise educational aims, objectives and learning outcomes are available for the CPD Activity. These should be linked to the GDC standards via their development outcomes, A, B, C, and D (see page 5) so that the participant can find a suitable course that fulfils their learning needs identified in their Personal Development Plan (PDP).	<ul style="list-style-type: none"> • Written documents, such as course programme, CPD certificate, flyer. • Online programme • Other documents e.g. speaker agreement for activity, lesson plans, or within conference delegate pack 	<i>Educational aims, objectives and learning outcomes should be written in clear English, free from unnecessary jargon / acronyms, and accurately reflect the content and context of the provision.</i>
1.a.2	Educational objectives and learning outcomes are specific, measurable, achievable, relevant, and time-bound (SMART).	<ul style="list-style-type: none"> • CPD supporting documentation, e.g. programme, certificates, slides. • Website / online info for CPD activity • Speakers contracts • Conference delegate pack 	<i>"Outcomes" may include the outcomes on the individual participant, their practice, and / or patients.</i>
1.b	Educational Aims, Learning Objectives, and Development Outcomes		
1.b.1	The design of the activity enhances participant learning to maximise participant engagement. Addressing the needs of different professional groups if learning together with consideration of the prior knowledge of the participants where possible. It should incorporate time for reflection, discussion, questions and providing feedback.	<ul style="list-style-type: none"> • Course programme highlights strategies used. • Participant feedback on effectiveness of engagement strategies. • Documented within CPD programme, delivery plan, etc. • Participant feedback on these areas. • Written reflection by participants 	<i>In addition to attendance monitoring i.e. registers that sign 'in' and 'out' (or log activity whilst online), strategies may include (but not be limited to) initiatives such as regular questioning, discussion, exercises throughout and during provision, quizzes throughout the activity, and assessments. Such strategies should</i>

			<i>be embedded within the activity, at (appropriate) and regular intervals, rather than a single short opportunity at the end of the activity.</i>
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2. CPD Delivery and Administration

		Examples of potential supporting evidence	Description / Additional Notes
2.a	Educators & Trainers		
2.a.1	Educators / trainers are fully prepared to deliver the CPD, and understand the target audience, and the context within which they work.	<ul style="list-style-type: none"> Briefing notes including relevant info on participants Speaker agreement / course plan 	<i>Providers should provide orientation for new educators / trainers where required, and details of the target audience</i>
2.a.2	The CPD activity has been checked for conflicts of commercial interest regarding the individual responsible for delivering the CPD, and where these exist they are communicated directly to participants in advance of (and during) the activity.	<ul style="list-style-type: none"> Documentation, e.g. course programme, website info, conference pack Evidence within CPD content e.g. slides, online Signed declaration form. 	<i>Conflicts of interest should be communicated clearly on all marketing material in advance of provision (when participants are choosing activities), and again at the onset of provision.</i>
2.b	Assessment of Participants' Learning		
2.b.1	The CPD activity facilitates the participant to reflect on its impact by considering how it has or will enable them to maintain and develop their skills. It should enable them to evaluate how this CPD activity supports them to practise in accordance with the GDC standards and how it has contributed positively to the wider context of patient care.	<ul style="list-style-type: none"> Reflection included in the post activity documentation and on certificates. Participants should maintain their CPD activity log. 	
2.b.2	Where relevant, CPD activities might include an assessment of participants' learning (knowledge, skills, or behaviours relevant to the learning outcomes of the activity), using appropriate assessment methods.	<ul style="list-style-type: none"> Assessment documentation, including areas targeted and method used, e.g. knowledge test, observation, simulation etc. 	<i>Assessment methods should reflect the educational aims and learning outcomes, e.g. CPD to enhance knowledge could use MCQs, short answer questions etc., whereas CPD teaching practical skills may</i>

			<i>be assessed using expert's judgements following observed performance.</i>
2.b.3	Pre- and Post- activity assessments are used to identify levels of prior knowledge and measure learning achieved via the CPD activity (<i>where appropriate</i>).	<ul style="list-style-type: none"> Pre- & post- assessment documents (examples). 	

3. CPD Evaluation

		Examples of potential supporting evidence	Description / Additional Notes
3.	CPD Evaluation		
3.a	Where questionnaires are used to obtain feedback from participants, the content and questions are relevant to the CPD activity being evaluated, with space available for detailed feedback and suggestions.	<ul style="list-style-type: none"> Example of feedback questionnaire, including structure (Question's asked, space for comments etc.) and relevance to CPD activity. 	<i>Questions should ideally be targeted appropriately rather than generic forms across all provision. Appropriate content for participant questionnaires includes: achievement of the learning outcomes of the CPD event regarding achievement of the educational outcomes, content coverage and extent of knowledge imparted, usefulness and relevance of the information provided, skills of the presenter, and suitability of the venue.</i>

Appendix 1:

Glossary of terms

"Provider" An organisation which provides CPD for Dentists and Dental Care Professionals in the UK. Examples of providers include Deaneries, Academic Institutions, and private companies specialising in CPD provision.

"Trainer" or "Educator" The individual responsible for delivering the CPD: this may be the speaker at a face to face course, podcast, or conference, or the author of a journal article.

Appendix 1:

Members of the original Expert Advisory Group:

Helen Falcon (Chair) Chair of COPDEND, Postgraduate Dental Dean Health Education Thames Valley & Wessex
Linda Prescott-Clements Director, Prescott Clements Associates
David Hussey Postgraduate Dental Dean, Northern Ireland Medical & Dental Training Agency
Jonathan Cowpe Director, Postgraduate Dental Education, Wales Deanery
Stephen Lambert-Humble Postgraduate Dental Dean, Health Education Kent, Surrey & Sussex
Tony Anderson Director of Postgraduate GDP Education, NHS Education for Scotland
Jane Moore Past-Chair, Dental Tutor Representative Group
Donna Hough Head of Dental Education & Workforce Development, Health Education North West
Andrew Gould The Dental Channel
Trevor Burke Editor, Dental Update / University of Birmingham
Paul Mendelsohn Chief Executive, CODE
Andrew Hadden Faculty of General Dental Practice (UK)
Kathy Harley Dean, Faculty of Dental Surgery, Royal College of Surgeons, England (until June 2014)
Nigel Hunt Dean, Faculty of Dental Surgery, Royal College of Surgeons, England (from June 2014)
John Darby Chair of Examination Board, National Examining Board for Dental Nurses
Judith Husband Chair, British Dental Association, Education & Ethics Committee
Stephen Hancocks Editor in Chief, British Dental Journal
Lisa Howells Senior Dental Officer, Welsh Government

Appendix 2:

Members of Expert Advisory Group for amendments in 2019:

Professor John Darby (Chair) Dean of Postgraduate Dental Education Health Education England Thames Valley & Wessex
Tony Anderson Director of Postgraduate GDP Education, NHS Education for Scotland
Samantha Braddock Dental Workforce Transformation Tutor, Health Education South West
Jane Davies-Slowik Associate Dental Dean, Health Education England working across Midlands and East
Stephen Dixon Associate Dean and Dental CPD Lead, Health Education England East Midlands
Donna Hough Dental Postgraduate Dean Health Education England North West
Katy Kerr Regional Dental Adviser Workforce Transformation and Continuing Registration Health Education England Thames Valley & Wessex
Lucy Silk Dental Workforce Transformation Tutor, Health Education South West
David Thomas Director Postgraduate Dental Education, Wales Deanery - Postgraduate Medical and Dental Education