

## Linking outcome-based systems and CPD

The evidence also refers to a growing move to use systems and approaches that link CPD activities with qualitative outcomes such as practitioner reflection that leads to improved practice.<sup>96 48 32 57</sup> This shift in regulator thinking is driven by the idea that assessing the quality rather than the quantity of CPD activities is a more useful measure of positive change in practitioner actions, behaviours and attitudes.<sup>101 67 8</sup>

In theory, the flow on effect is that a move to qualitative measures means regulators (and the public) will be better assured of a practitioner's ongoing competence and fitness to practise.

There are four messages that can be taken from the literature about the importance of measuring the link between CPD activities and improved practice. These messages are that:

- effective monitoring of practitioners for compliance with CPD is a major challenge for professions
- the current focus on hours of participation in CPD activities is not consistent with a move towards outcomes-based approaches
- outcomes-based approaches require practitioners to identify opportunities to improve professional development and match these to appropriate CPD activities
- a shift to an outcomes-based approach may result in the need for additional support for practitioners.

Researchers have expressed concerns that effective monitoring of CPD compliance is a major challenge for regulators and practitioners. In part, this challenge centres on the mechanisms available to regulators (and practitioners) to assess the impact (i.e. outcome) of CPD activities.<sup>90 14</sup>

On the other hand, it goes beyond CPD activities to include mechanisms such as licensing and registration examinations. In addition, it raises the question of whether an assessment undertaken at 'one point in time' can be an effective way to measure practitioner competence or predict later behaviours and professional practice.<sup>82</sup>

Traditionally, regulators have relied on information such as counting the number of completed hours of CPD activities; numbers of practitioner incidents, accidents or violations; or number of inspections to measure performance.<sup>67 103 86 100 101 14</sup> However, researchers have argued that the move from quantitative to qualitative measures (especially the use of numerical points or credits for attending and completing CPD activities and using systems of accreditation for CPD activities) is prompted by several questions.

These revolve around the effectiveness of quantitative approaches (including recognition of the expense and high level of resources, which can be spent on accreditation) and whether these adequately measure practitioner learnings, changes in practise or improved patient outcomes.<sup>19 11 8</sup>

The Royal College of Surgeons on England stated in their 2007 report that

Attendance at a course or conference is not a guarantee that learning has taken place. A reflective statement can therefore be a better indicator of learning than an attendance certificate.<sup>19</sup>

The research is therefore critical of the value and purpose of quantitative measures as a means of determining practitioner competence and fitness to practise. Moreover, researchers have argued that if the goal of CPD is to improve practice, then practitioners need to identify professional development opportunities and match these to the types of learning activities that will achieve this goal.<sup>48 32 29 31</sup>

It should also be noted that the Royal College of Surgeons of England report states that

... a points-based system could be effective if it is linked with appraisal to ensure the relevance of the learning and to enable reflection on the courses attended. However, such a system should be as flexible as possible in order to enable the individual to choose learning activity that reflects [practitioners] speciality and sub-speciality, current issues in practice, the stage in their surgical career and their personal choices and interests.<sup>19</sup>

Researchers also highlighted the difficulty of implementing learning from CPD in isolation. They contend that practitioners will require more support if they are being expected to actively apply their learnings or have confidence that professional development plans are appropriate and will meet regulatory requirements. [90 100](#)

This point was highlighted in the 2011 Murgatroyd study, which cited observations from the Continuing Professional Development Institute that

... monitoring and compliance are the most difficult aspects of implementing CPD policy ... In particular, professions face difficulty in ... ensuring compliance across the majority of membership [and] dealing with the increased complexity of monitoring the more varied and self-managed CPD being undertaken.<sup>[16](#)</sup>

## Reference List

Please note that the majority of the references listed in this discussion document are hosted on external websites and Council cannot guarantee the links will remain current. Please contact us on [comms@dcnz.org.nz](mailto:comms@dcnz.org.nz) if you require any of the referenced documentation.

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