

Continuing Professional Development: Concepts, Evidence and Implications for Practice

A narrative literature review prepared by the CPD Editorial Team
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Abstract

Continuing professional development (CPD) is required in many professions, yet the assumption that completing it improves practice is less secure than its policy prominence suggests. This review draws on systematic reviews, UK regulator guidance and adult-learning theory to ask what CPD is, whether it works, and what follows for learners, employers, providers and accreditors.

The reviewed literature suggests that CPD may be more effective when it is interactive, uses several methods, is sustained, is relevant to the learner's work and includes feedback and reflection. Evidence on patient and pupil outcomes is thinner than evidence on knowledge and behaviour, and hours-based regulation measures participation, not impact. CPD quality should be judged by design and evidence of application, not hours logged.

Keywords: continuing professional development; professional learning; effectiveness; reflective practice; accreditation; revalidation; evaluation

Key points

- Evidence reviewed here generally favours interactive, multi-method, sustained and relevant CPD over passive, one-off events, although effects vary by context.
- Effects on knowledge and behaviour are easier to show than effects on end-user outcomes.
- Hours measure participation, not learning or impact.
- Accreditation can assure content, structure and transparency, but cannot by itself prove improved practice.

1. Introduction

CPD is how professionals maintain, update and extend their knowledge, skills and judgement after qualifying. For individuals it supports competence and progression; for employers and the public it assures currency; for regulators it maintains standards across a career. Regulatory frameworks usually specify how much CPD must be done and rarely what difference it must make. This review asks whether CPD works, and under what conditions, using research from medicine, dentistry, teaching and social welfare (Cervero and Gaines, 2015; Firmstone et al., 2013; Filges et al., 2019).

The scale of CPD activity is large and, in many regulated professions, compulsory. Yet an important question is often left unasked: does CPD work? Policy has traditionally specified how much CPD professionals must do and far less often what difference it must make. Research reviewed here shows that the answer is conditional, not a simple yes or no.

The review has four aims: to define CPD; to outline the theory of how professionals learn; to summarise the UK regulatory context and the evidence on effectiveness; and to draw implications for people who take, commission, deliver and accredit CPD.

2. Concepts and theory

CPD is a planned, ongoing, learner-owned process of developing capability relevant to a person’s scope of practice. Most regulation monitors inputs and activities; most claims for CPD concern outcomes. That gap is the central theme of this paper.

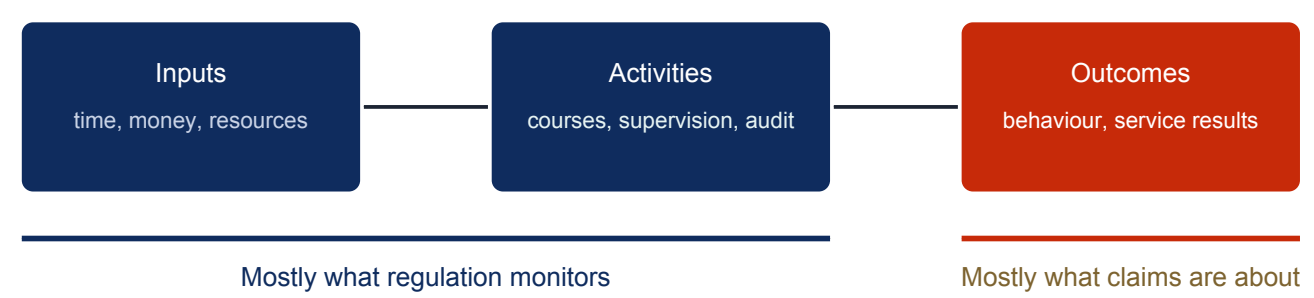


Figure 1. The input–activity–outcome gap in CPD.

Formal, non-formal and informal learning

Eraut (2000) argued that much professional learning happens through work itself, through colleagues and through accumulated tacit knowledge, not in designated courses. Systems that recognise only structured events risk undercounting real learning and encouraging attendance at events of marginal value. Modern frameworks therefore recognise supervised practice, peer discussion, audit, reading and reflection alongside courses.

How professionals learn

Andragogy <i>Knowles, 1984</i> Adults are self-directed and want learning they can apply now. Make CPD relevant and chosen.	Experiential learning <i>Kolb, 1984</i> Experience, reflection, concepts, experiment. Learning is incomplete without trying and reviewing.	Reflective practice <i>Schön, 1983; Boud et al., 1985</i> Reflection-on-action and in-action underpin expertise in uncertain work.
Transformative learning <i>Mezirow, 1991</i> Deep learning revises assumptions, so good CPD can feel uncomfortable.	Spacing <i>Cepeda et al., 2006</i> Distributed learning beats massed study, supporting sustained multi-session CPD.	

Together these converge on one proposition: professionals learn most when learning is relevant, active, reflective, spaced and connected to real work.

CPD, regulated qualifications and accreditation

CPD is distinct from a regulated qualification. Independent CPD accreditation recognises professional development activity but does not create a regulated qualification, licence to practise, or guaranteed recognition by an employer, professional body or country (CPD Qualifications, 2026b).

3. UK regulatory context

CPD requirements are set by individual regulators and professional bodies, and they illustrate the input-versus-outcome tension.

The **Nursing and Midwifery Council (NMC)** uses an hours-based rule within revalidation: 35 hours of CPD relevant to scope of practice in each three-year period, at least 20 of which include participatory learning, meaning interaction with one or more other professionals, in person or online. Registrants must record the method, hours and evidence (NMC, no date).

NMC minimum of 35 hours per three-year revalidation period.

The **Health and Care Professions Council (HCPC)** takes a standards-based approach. It sets no hour count and asks registrants to undertake relevant CPD, seek to ensure it benefits service users, and show how it contributes to the standards of proficiency, typically through a written profile if audited (HCPC, no date).

- Hours are convenient to audit but are a proxy; attendance says little about learning.
- The participatory rule mirrors the evidence that interaction beats passive study.
- Standards-based systems encourage relevance and reflection but demand that professionals can plan, record and evaluate their own learning.

International and cross-sector context. Requirements differ between countries, professions and industries. Providers operating internationally remain responsible for checking whether a course needs approval or licensing locally, and learners should confirm with their employer or professional body before relying on an activity. For safety-sensitive subjects such as health and safety, engineering, construction and first aid, it is good practice to identify the legislation, standards and jurisdiction relied on (CPD Qualifications, 2026b).

4. Method

This paper is a **narrative literature review**, not a systematic review or meta-analysis. It draws on selected published systematic reviews, evidence syntheses, conceptual work on adult learning and professional development, and publicly available UK professional-regulator guidance. Sources were selected for their relevance to CPD effectiveness, learning design, evaluation and accreditation. The source list is not claimed to be exhaustive. A reproducible database-search strategy, predetermined eligibility criteria, independent dual screening, formal risk-of-bias appraisal and quantitative pooling were not undertaken. Accordingly, the synthesis identifies themes and limitations but cannot estimate a pooled effect or establish causality across professions.

5. Evidence on effectiveness



Figure 2. Milestones in the CPD effectiveness literature cited in this review.

Health professions

Didactic sessions alone rarely change physician behaviour; interactive and multi-method approaches do better (Davis et al., 1999). A large AHRQ review judged the literature low in quality, so firm conclusions were not possible (Marinopoulos et al., 2007). Cervero and Gaines (2015) synthesised eight further reviews: activities that are more interactive, use more methods, involve multiple exposures, are longer and focus on outcomes physicians value lead to better results, with a more reliable effect on performance than on patient outcomes. Cochrane reviews show small to moderate effects for educational meetings (Forsetlund et al., 2021) and small but potentially important effects for audit and feedback (Ivers et al., 2012). Dental CPD research calls for explicit, replicable interventions and outcomes beyond knowledge (Firmstone et al., 2013).

Education and social welfare

Extended time, external expertise and challenging assumptions mark effective teacher learning (Timperley et al., 2007). Aligned programmes focused on pupil outcomes have more lasting impact (Cordingley et al., 2015). Desimone (2009) and Darling-Hammond, Hyler and Gardner (2017) list the core features shown in Section 6. Kennedy (2016) cautions that the theory of how teachers change matters more than format, and coaching shows positive but scale-sensitive effects (Kraft, Blazar and Hogan, 2018). A Campbell review of 51 moderate-quality studies could not combine enough results to reach firm conclusions on several outcomes (Filges et al., 2019): a limit of the evidence, not proof that CPD fails.

Online, workplace and barriers

Internet-based learning has large effects against no intervention and effects similar to traditional teaching, so design matters more than medium (Cook et al., 2008). Likely barriers, reasoned from the sources, are time, cost, weak relevance, no route to apply learning (Guskey, 2002) and heavy recording burden.

Relevant goals	Active learning	Multiple methods	Repeated practice	Feedback & support
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Figure 3. A conceptual sequence of design features discussed in the literature. This is an authors' synthesis, not a quantitative ranking or measured effect-size comparison.

Synthesis

Design matters more than dose alone; effects on end-user outcomes are harder to show than effects on behaviour; and the evidence base is imperfect, so claims that CPD “works” or “does not work” in general are overstated.

6. Features of effective CPD

Feature	In practice	Sources
Interactivity	Discussion, cases, practice with feedback	Davis et al. (1999)
Multiple methods	Input, practice, coaching, follow-up	Cervero and Gaines (2015)
Sustained duration	Weeks or months, not one event	Timperley et al. (2007)
Content focus and coherence	Anchored in the learner's role and standards	Desimone (2009)
Collaboration	Learning with colleagues	Darling-Hammond et al. (2017)
Expert support	Facilitation or coaching	Kraft et al. (2018)
Feedback and reflection	Structured review of practice	Ivers et al. (2012)

1. Identify	2. Plan	3. Learn	4. Apply	5. Reflect	6. Evaluate
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Figure 4. Practical CPD cycle, proceeding left to right and repeating as professional needs change (authors' synthesis).

7. Evaluating CPD

Kirkpatrick's four levels (reaction, learning, behaviour, results) and Guskey's five levels (which add organisational support) show how far evaluation goes (Kirkpatrick and Kirkpatrick, 2006; Guskey, 2002). In practice evaluation stops at the lowest levels, so cheap satisfaction scores stand in for evidence of change (Tian et al., 2007).



Figure 5. Guskey's five levels of professional development evaluation. Follow up at 4 to 12 weeks to reach levels 4 and 5.

Practical steps toward better evaluation:

- State at the outset what change in practice the CPD should produce.
- Collect a short follow-up at 4 to 12 weeks asking what the learner has done differently.
- Use existing workplace data such as audits, supervision records and feedback.
- Require a brief reflective account linking the learning to a specific practice example.

8. Quality assurance and accreditation

Accreditation can legitimately signal that content has been reviewed, a provider meets defined standards and learning time is stated reasonably. It cannot guarantee that any learner applied the learning. Where it rewards hours or topic coverage alone, it may reinforce the weaknesses of hours-based systems.

Content and structure: what accreditation reviews

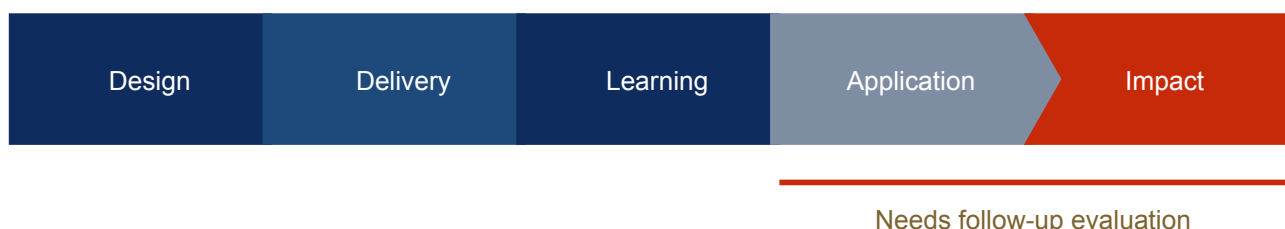


Figure 6. Accreditation assures design and structure; evidence of application and impact needs follow-up evaluation.

Evidence-informed criteria. An accreditor or provider aligned with the literature could look for: practice-related learning outcomes; an interactive or applied element; opportunities for feedback; reflection linked to the learner's own work; a follow-up mechanism; and a transparent description of method and time. **Risk of tick-box behaviour.** When CPD is compulsory, minimising effort is a rational response for some learners. Good design, including relevance, choice and

meaningful reflection, is the main protection.

Applying the evidence to CPD Qualifications™

CPD Qualifications™ is a UK-based **independent provider of CPD accreditation services**, not a statutory regulator or regulated awarding organisation. Its CPD accreditation does not constitute a regulated qualification or guarantee recognition by an employer, professional body or national authority. The mapping below is an interpretation by the authors, who work for the organisation, and is not independent evidence that its own services improve learner outcomes (CPD Qualifications, 2026a, 2026b).

Record element	Feature it supports	It does not establish
Learning outcomes	Content focus	That any learner achieved them
Materials and course version	Coherence; replicable description	Quality of live delivery
Assessment arrangements	Feedback	Transfer to practice
Learning duration	Sustained duration; transparency	That time was used well
Trainer competence	Expert support	Quality of individual coaching
Reference and verification	Transparency of claims	Acceptance by employers or regulators

9. Implications

LearnersPlan around gaps in practice, choose interactive activities, spread learning over time and record what you changed.	EmployersProtect time, support application, enable team learning and link CPD to appraisal and audit.	Providers and accreditorsDescribe methods and time openly, build in practice and follow-up, evaluate beyond satisfaction and avoid implying a certificate proves competence.
RegulatorsAdd reflection and application to hours-based rules and fund outcome research.		

Directions for future research

- Compare accredited and non-accredited CPD using behaviour-level and service-level outcomes.
- Study how hours-based and standards-based regimes affect learner choice and learning quality.
- Extend evidence to construction, hospitality, engineering, digital and creative work.
- Follow learners beyond three to six months.
- Evaluate online, adaptive and AI-enabled CPD for effectiveness and record integrity.
- Examine cost-effectiveness and access for self-employed and part-time practitioners.

10. Limitations

This narrative review has no registered protocol, reproducible database-search strings, independent screening or formal risk-of-bias assessment. It is selective rather than exhaustive and relies substantially on evidence from health and education, limiting direct generalisation to other sectors. Several cited studies concern continuing medical education or teacher professional development rather than CPD accreditation specifically. Regulatory requirements may change after publication. The practical framework, graphics and mapping to CPD Qualifications are the authors’ interpretations, not independently validated measures of effectiveness. The accuracy and currency of citations and regulator guidance should be checked as part of editorial sign-off and periodically thereafter.

11. Conclusion

CPD is neither a panacea nor a ritual without value. It is more likely to improve practice when relevant, interactive, multi-method, sustained, collaborative and supported by feedback and reflection. The practical shift is from how much to how well: high-quality CPD is designed for application, evaluated for change and honest about its limits.

Appendix: checklist for judging a CPD activity

Question	Why it matters
Are outcomes stated as what you will be able to do?	Content focus (Cervero and Gaines, 2015)
Is there interaction or practice, not only presentation?	Davis et al. (1999)
Does it use more than one method?	Cervero and Gaines (2015)
Is learning spread over time or followed up?	Cepeda et al. (2006); Timperley et al. (2007)
Will you get feedback?	Ivers et al. (2012)
Is it relevant to your role and standards?	Desimone (2009)
Is the trainer's expertise described?	Timperley et al. (2007)
Is learning time stated honestly?	Transparency; NMC (no date)
Can you apply and reflect on it at work?	Schön (1983); Boud et al. (1985)
Can the accreditation or certificate be verified?	CPD Qualifications (2026b)
Does your regulator or employer accept it?	Local requirements differ

Related pages

[What is CPD?](#) · [Benefits of CPD](#) · [Requirements by industry](#) · [International guidance](#) · [CPD vs regulated qualifications](#) · [When is professional development most effective?](#)

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