

A decade of CPD. Long live the review article

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In writing this editorial it seems remarkable that it is over 10 years since we first proposed the idea of CPD inserts within *Podiatry Now*. Over that time, various contributing authors have covered a range of topics for review that we hope have all been relevant to clinical practice. They say imitation is the best form of flattery, so during that period, to see a similar, regular item appear a few years later in another journal was confirmation that the idea was sound.

In our last editorial, we wrote suggesting that CPD had been finally accepted.¹ The idea of keeping up to date is no longer an entirely alien concept and is embedded into daily practice from as early as possible within university undergraduate podiatry programmes. As we are now in our 5th biennial HCPC CPD cycle, worries and concerns about the process has lessened amongst podiatrists. With only 2.5% of members being audited every two years and a clearer idea of what an audit may entail, this has perhaps served to reduce anxiety. Of course, reading is just one CPD activity amongst many identified by the HCPC as acceptable but it should never be the only one. However, it does represent an activity that can be undertaken virtually anywhere. Having the CPD articles on the Society's website means that they are available wherever there is an internet connection.

A decade ago, everything was prefixed with 'evidence-based', reflecting the era when published evidence was paramount – forget about all the clinical experience! At that time, evidence-based medicine was seen as ensuring there was always evidence to back up clinical decisions about diagnosis and treatment. The humble review article became an endangered species in some medical quarters as the more statistically tested systematic review became the new kid on the block. The more traditional review articles written by experts were seen as having inherent weaknesses and, like any other publications, had the propensity for bias to creep in.

However, restoring the balance, much criticism has latterly been levelled at the weaknesses of systematic reviews.² Not least because in some areas evidence may not even exist, or published studies may be so exclusive in their study population selection that they are not relevant to the practising clinician in helping them to make clinical decisions.

With the passage of time, the value of the traditional review has been re-recognised. Reviews can offer an expert opinion across a wider subject



area, not just on one narrow research question.³ In addition, across many health disciplines reviews remain popular with readers as they act to give a rapid, up-to-date overview of a topic. Most importantly, they act as means of translating and condensing technical research and its associated jargon into a form that is interesting, relevant and has genuine clinical currency. A review of the readers' habits of the online edition of the *British Medical Journal* highlighted how practising doctors were four times more likely to read the review articles over other more scientific areas of the journal.⁴

In this month's journal the CPD insert is going full circle and revisiting the very first two papers (onychomycosis and tinea pedis) first published in 2004.^{5,6} This was not undertaken as a means to do a quick and cheap re-publication but illustrates how things have moved during this time. The new article is completely re-written and reflects the changes and advances that have occurred in the interim period.

The article includes discussion around medicines; many of the drugs 10 years ago were prescription-only but are now available through pharmacies, for example, or have become generic, meaning the actual costs of the drugs have tumbled. Moreover, we now have a decade more of data on their safety and efficacy. Ketoconazole (orally) has now been withdrawn for example, while oral terbinafine, despite early concerns, has shown itself to be a safe and effective drug when used appropriately – all important knowledge to inform our practice and patients appropriately. We have also seen the introduction of new techniques in diagnosis and treatment. Lasers in the treatment of

onychomycosis have been one of the most debated issues in the profession's history on professional forums.⁷ This article seeks to give an overview of the current evidence on this topic. We hope you enjoy reading this and, most importantly, please give us your feedback.

Finally, as we look forward to continuing the series, Mike Potter and I would like to thank the many authors who have collectively made this such a successful series of articles. Of course, by writing these articles, they too have undertaken their own CPD for their personal portfolios, which means everybody can benefit.

**Please email any feedback to the authors:
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References

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