Commitment to Lifelong Learning contributes to dental care professional Continuous Professional Development and the improvement of personal professional standards within Primary Dental Care. Discuss.

Introduction

In August 2008 the General Dental Council (GDC) implemented the compulsory registration of all members of the Dental Team. To maintain registration the Dental Care Professional (DCP) has to make a commitment to Lifelong Learning (LLL) and Continuous Professional Development (CPD). This paper will explore the underpinning theories, principles and issues relating to LLL and CPD, and will explore the positive impact of LLL within the Dental Profession in relation to raising personal professional standards and patient care standards within Primary Dental Care (PDC).

Lifelong Learning

The CPD Institute (2007) defines LLL as “Learning from the cradle to the grave for both personal and professional enrichment, with the focus on the learner.” Longworth (2004, cited in Roche 2008) identifies LLL skills for the 21st century as being able to make critical judgments, to tell the difference between good, bad and indifference, to communicate effectively, to be flexible, adaptable, and tolerant of other creeds and cultures and to make a contribution to their city and to the well being of others. The Leitch Review (2004, pp.3-5) was tasked to consider the United Kingdom’s (UK) long term skill needs. The report suggests that with the rapid change in the global economy, UK competitiveness is altered, with economies such as India and China growing rapidly. It acknowledges an ageing population with increased global migration and increased technological changes. It recommends that, in order to stay competitive, the UK needs to “commit to being a world leader in skills by 2020”. The report suggests that LLL should be demand-led and meet the needs of the individual, employer and consumer in order to provide high quality educational provision which will increase the skills necessary for increased productivity and to reduce skill deficiencies, poverty and inequality. Gray et al. (2004, p.vii) describes how, for many individuals, the “old divisions between learning and work are beginning to erode”. They acknowledge that learning primarily was something that happened at schools, colleges and universities in order to prepare the individual for work, and that once in work you generally learnt “on the job”. The rhetoric of LLL embraces not only education delivered in the formal educational setting but also that which is learnt throughout life. It embraces both vocational and non-vocational learning.

Aspin (2001) suggests that “one approach to conceptualising LLL claims that it is concerned with promoting skills and competencies necessary for developing general capabilities and specific performance in work situations.” He describes the ‘triadic’ of LLL in that the central elements of LLL are to enable progression and development of the economy, for the individuals
“personal development and fulfilment” and for “social inclusiveness and democratic understanding”.

**Continuing Professional Development (CPD) and Continuing Professional Education (CPE)**

CPE and CPD, like LLL, are considered important due to increased globalisation, technological changes and the changing nature of the work and labour market. CPD for DCP’s is also important due to increased patient expectations. Patients may be better informed due to the emphasis recently being placed on LLL and due to increased information technology which enables patients to more easily access information. CPD builds on the concept of LLL. Aspin (2001) states that “Skills and competencies developed through programs of LLL are vital for workers performance in their tackling of precise job responsibilities and how well they can adapt their general and particular knowledge and competences to new tasks.” Similarly, the GDC (2008, p.3) defines CPD as “study, training, courses, seminars and other activities undertaken by a dental professional, which could reasonably be expected to advance his or her development as a dental professional.”

One way of ensuring that CPD is relevant is to formulate a Personal Development Plan (PDP). Rughani et al (2003 p.25) defines a PDP as “a mechanism by which we prioritise our educational needs and make a commitment to attend to them.” Eraut (1994, p.10) states that “CPE usually refers to formally organised conferences, courses or educational events rather than work based learning, while the term CPD refers to both”. Ways in which individual educational needs may be identified are through Appraisals or Peer Review. These can be used to share knowledge and identify strengths, weaknesses, opportunities and threats (SWOT) and to review performance. Locke and Latham (2002, p.708) suggests that “for goals to be effective, people need summary feedback that reveals progress in relation to their goals. If they do not know how they are doing, it is difficult or impossible for them to adjust the level or direction of their effort or to adjust their performance strategies” Locke and Latham (1990, p.706) found that specific but difficult goals more consistently led to higher achievement than goals that were not so specific and just urged people to ‘try hard’ or do ‘their best’. Thus suggesting If DCP’s formulate a PDP through appraisals and peer review, and set goals which are specific, measurable, and relevant and timed (SMART), they may be more motivated to achieve them. Latham, Erez and Locke (1983, p.708) found that “from a motivational perspective, an assigned goal is as effective as one that is set participatively provided that the purpose or rationale for the goal is given”. From a CPD for DCP’s perspective this could mean a learning need could be identified by an appraisal or peer review and a goal assigned accordingly. Providing the goal is relevant the level of motivation could be considered to be the same as if the individual had thought of the goal themselves.

Once the goal has been decided and justified a plan can be formed. Sub-goals can be used to mark success along the way and once a goal is achieved it is recorded. The GDC stipulates a set number of hours that are
required for both verifiable and non-verifiable CPD and that these are recorded as ‘evidence’ of CPD. It could, however, be argued that to attend a course does not necessarily mean that the DCP actually advances in their professional development. The GDC (2008, p.2) state that “all DCP’s have a duty to keep their skills and knowledge up to date so that patients receive the best possible treatment” Rughani et al (2003, p.1) suggests that “we need to think less about acquiring information and more about applying what we learn”. Kolb and Fry’s learning cycle (1975) suggests that learning begins with an actual concrete experience and then, through reflection and observation new abstract concepts and generalisations are formed which can then be applied and tested to form new experiences. The learning cycle has been reinterpreted in various different ways and one of those is Gibbs’ Reflective Cycle (1988) which encourages a description of the situation, analysis of feelings, an evaluation as to the positive and negative aspects of the experience, an analysis in order to make some sense of the situation, a conclusion to encourage further reflection on experience and consideration given to what else could have been done and an action plan so that steps can be taken to determine what would happen if the situation rose again. Another theory of reflection is in the work of Schon (1983, cited in Moon, 1999, p43) who describes two types of reflection in professional practice, reflection-in and reflection-on-action. This may be relevant to DCP’s when treating patients in the PDC setting. Reflecting in-action could mean that a course of a patient’s treatment is altered due to the DCP being able to reflect, maybe on a previous account of reflection-on-action, and improve the standard of patient care.

**Improvement of Professional Standards**

All DCP’s are regulated by the GDC which has guidelines that must be followed. DCP’s are obligated to operate to high and strict standards of conduct and have legal, morale and ethical obligations to the patient. Watkins (1999, cited by Grey et al. 2004, p.15) observed that there are certain competencies required by the professional which are intellectual skills, coping skills, commercial awareness and people skills. He also suggests that the professional may pass through cognitive knowledge, to be able to apply knowledge, to be able to integrate knowledge and then at level four to have dynamic knowledge. He suggests that at level four the professional is able to adapt and apply their knowledge and be able to come up with solutions. Dreyfus and Dreyfus (1980, cited in Roche 2008) describe five stages of competence as moving through from the novice performer, to the advanced beginner, then through to the competent performer, proficient performer and then finally through to the expert performer.

Katz (1969, cited by Eraut, 1994, p.4) gave his view on professionalism as “The Caste-like system puts an unscathable wall between the physician and semi-professional in the hospital” With all members of the dental team now being classed as ‘professionals’ and being regulated by their own professional body, individual profiles for each member of the team are being raised through LLL and, as such, it could be considered that the ‘wall’ is beginning to erode.
Issues of life long learning and continuous professional development

The issues surrounding LLL are mainly due to provision, willingness to participate, inclusion/exclusion, motivation, government policy, self efficacy and also other personal issues such as family commitments, time and support from other colleagues in the work place.

A study was carried out by Mercer et al. (2006) to discover the attitudes, opinions and perceptions of dental nurses and general dental practitioners (GDP’S) to the provision of LLL for the dental team. The study concluded that there appeared to be marked discrepancies between the GDP’s and nurses perception of needs. The study showed inconsistencies which even included the GDP’s seemingly not being aware as to whether or not their Dental Nurse had attended a course, discrepancies as to whether or not the nurse had had an appraisal and it also showed that the majority of dental nurses were unaware as to the type of further education that was available to them. The study also concluded that more could be done to promote the availability of courses and that there should be a wide range of choices with regard to type, subject, time and cost involved. The GDC has made it a legal requirement for all DCP’s to commit to CPD in order to maintain inclusion on the dental register. One of the issues of this is how to promote learner centrality without appearing to be coercive. The chartered Institute of Personal Development (2003, cited by Roche 2008) states that one of the key principles of CPD is that “individuals should decide for themselves their learning needs and how to fulfil them”. These issues could be overcome by some of the measures already discussed in this paper. CPE and CPD needs could be assessed through peer review or appraisals to ensure relevancy of types of CPD and to ensure that individual learning styles are taken into account. Regular practice meetings could be held to discuss learning outcomes and to apply newly acquired knowledge in order to improve the standard to of care that the patient receives.

Motivation is also an important issue in LLL. Peng and Bettens (2002) conducted a study which used a Learning Process Questionnaire (Biggs 1993) to measure the inspiration and attitude towards learning. They found that surface motivated students tended to use only surface strategies for learning. They found that students with intrinsic motivation are more likely to use the deep approach to learning and are more likely to excel in their given field. Jarvis (1992, cited by Gray et al 2003, p.49) describe three outcomes of potential learning situations which they describe as non learning, non-reflective learning and reflective learning. They suggest that non-reflective learning is surface learning and that reflective learning is deep learning. This could suggest that it is not enough for the dental care professional to attend the various methods of CPD but that the individual needs to be intrinsically motivated in order to enhance their professional development, maintain and improve professional standards and as such aim to raise the level of care that the patient receives.
Another consideration that has already been discussed in this paper is that just because a DCP receives verifiable CPD it does not necessarily mean that professional improvements will be made or that it will make subsequent improvements to practice. A study to explore whether CPD affects change in professional practice that will result in improve patient care was carried out in 2002 by Bullock et al. The conclusion of the study was, that although admirable, the GDC’s LLL scheme (2005) permitted dental practitioners to choose CPD courses that were within their ‘comfort zone’ rather than giving regard to whether or not the activity would actually match the needs of the practitioner or advance the practice. They acknowledged that a CPD course in their ‘comfort zone’ may serve to increase motivation and reassurance, but that a more desirable situation would be one in which the CPD is chosen in order to enhance the likelihood of it resulting in a positive impact on the practice.

When discussing LLL the consideration of inclusion and exclusion must be considered. The select committee on Education and Employment (1999, cited by Roche 2008) suggests that “a side effect of the substantial improvement in overall participation during the last two decades has been to widen the gap between the educational have and have nots”. There are those who choose not to participate in LLL and it could also be argued that society also requires those individuals who are happy with the ‘status quo’.

Another issue is empowerment. An empowered DCP has many benefits within the dental practice. If a DCP is empowered to have control over their learning and to make a contribution within their PDC setting they may be more motivated. Within the dental profession there may be those individuals who lead a dental team who do not want their staff to be empowered. Some of the skills that a DCP committed to LLL may have are self management skills, being able to handle and interpret information, being able to apply knowledge into practice and be able to question, reason and make critical judgements and these may not always be welcomed.

Conclusion

The purpose of this paper was to discuss how a commitment to LLL contributes to DCP’s CPD and the improvement of personal professional standards. If a DCP is committed they may be more likely to achieve the ‘deep learning’ which may be considered to be more likely to improve and advance personal professional standards. The importance of PDP’s, peer review and appraisals has been discussed and this could make the CPD much more relevant to the practice.

The field of dentistry is evolving rapidly, with members of the dental team being given more responsibilities. With the new legislation on revalidation it is important for DCP’s to work together as a team with and for the patient and that they ensure that their knowledge is up to date and relevant to their practice (GDC 2008). As previously discussed, DCP’s have an ethical, legal and morale responsibility to the patient. Making a commitment to LLL should
have a positive influence on DCP’s CPD and the improvement of personal professional standards within PDC which in turn should see an improved standard of care for the patient. The patient should expect to receive the latest and best treatments delivered by a motivated, competent professional. The importance of teamwork should be enforced. Gray et al (2003, P.117) makes a thought provoking statement “The extent to which we change is affected by the supportiveness of the workplace- we need support, trust and challenge from others. We need diversity and difference of experience, and we need challenges and opportunities to be available.” A good learning ethos should be encouraged within practices to facilitate LLL, the whole purpose of which is for the individual DCP to strive to become a more competent, enthusiastic, flexible and knowledgeable practitioner with the primary aim, together with the rest of the dental team, to be to raise the patient care standards within the PDC setting. In one recent government policy ‘Delivering World Skills’ (2007, P.4) the following statement was made with regards to LLL “Our proposal is simple – place the power to choose in the hands of the individual and the employer, and empower and enable the best of providers to engage and excite more learners and employers.”

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