General
Dental
Council

protecting patients,
regulating the dental team

Discussion document

Shaping the direction of lifelong learning for dental professionals

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Overview

The GDC is opening a conversation about how dental professionals can take increasing ownership of meeting and maintaining high professional standards and quality patient care. This discussion document invites ideas, comments and views on the future development of lifelong learning, or continuous professional development, in dentistry.

The aim is to ensure that lifelong learning in dentistry continues to evolve to meet the expectations of the public, patients and dental professionals in a way that is proportionate to risk and flexible on how professionals go about reaching their development goals.

Consultation period and deadline for responses

This 12-week consultation exercise was opened on 11 July.

The closing date is 3 October.

Ways to respond

Please respond to this discussion document by using the online survey.

You can also submit your response by email, please include the name of the consultation in the subject line of your email to: stakeholder@gdc-uk.org.

If you would like to submit your response by post, please address it to:

General Dental Council
Strategy Directorate
37 Wimpole Street
London
W1G 8DG

For details of how your data will be processed and stored, please see our Privacy Notice. Information held by the GDC is subject to Freedom of Information requests, so please do not provide any information you would not want disclosed.

Responding to your views

The GDC will respond to views raised during the consultation by producing a consultation outcome report. The report will be published on the GDC website.

Contact us

If you have any questions or queries about this consultation, please email: stakeholder@gdc-uk.org.

Phone: 020 7167 6330

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Shaping the direction of lifelong learning for dental professionals

Introduction

1. Taking personal responsibility for maintaining and developing competence is fundamental to being a dental professional. When members of the public seek dental care, they inherently expect that dental professionals have kept their knowledge and skills up to date by carrying out development activities[1]. In dentistry, this obligation is formalised by the GDC's continuing professional development (CPD) scheme.

2. While completing CPD supports dental professionals to improve patient care, meet their regulatory obligations and provide opportunity to interact with their peers, for some dental professionals CPD has lost meaning or has become little more than a 'tick box' exercise.

3. The lifelong learning, or CPD, that professionals undertake is a vital component of a balanced, proportionate model of regulation for dental professionals, with the professions, the public and patients standing to benefit. This is why the GDC's 2017 publication Shifting the balance: a better, fairer system of dental regulation sought views on moving towards a model of CPD which focused on increasing professional ownership, reflection and personal responsibility for maintaining competence.

4. The response to the Shifting the balance proposals reinforced the view that regulating CPD comes with many challenges for the dental profession. There is huge variation in what CPD means in practical terms, the effort individuals put into each activity and what is meaningfully gained from the wide range of activities available. The GDC acknowledges that while many professionals are aware of the CPD activities that would be most beneficial to them, they often face significant barriers to access.

5. The Enhanced CPD scheme introduced a more considered approach to learning and development for dental professionals. It introduced the requirement for professionals to complete a personal development plan (PDP), to encourage professionals to examine and reflect on their work and their role, to identify any gaps in their knowledge or skills and to plan how they will work to address these during their five-year CPD cycle.

6. While the Enhanced CPD scheme puts a greater emphasis on reflection, self-assessment and planning, issues remain. Aspects of the scheme can be overburdensome and inflexible. And, on the types of activities that professionals are able to undertake to meet CPD requirements, the scheme does little to promote a wide range of high-value learning activities, that many professionals would actively seek out.

7. We have continued to gather evidence to help address these issues. In addition to the feedback from stakeholders, the Association of Dental Education Europe (ADEE) was commissioned to undertake a Review of CPD Literature to underpin policy development in this area. The findings were published in January 2019.

1 Revalidation: The Patient Perspective, Ipsos Mori on behalf of the GDC, 2009.

8. Consultative workshops were also held in April 2019, with professional associations, educators, CPD providers, and other professional regulators. These workshops explored the findings of the research and considered how lifelong learning could be developed to ensure it meets the expectations of the public and the development needs of professionals now and in the future.

9. Further, the GDC has formed a CPD advisory group to help us to better understand the risks, benefits and implications of any future developments in CPD and how these would work in the variety of dental workplace environments. The expertise and experiences of advisory group members have helped inform this discussion document.

10. We now wish to explore ideas for developing the CPD scheme with dental professionals and stakeholders. We are opening a conversation about what meaningful CPD is, how it can be achieved, and what the obstacles might be that prevent individuals from accessing and undertaking it. This discussion is not bound by the current scheme framework or mandatory requirements, so should stimulate a rich conversation about what meaningful lifelong learning or CPD looks like for dental professionals.

11. While legislative change is not possible in the short-term, this does not prevent dental professionals from adopting new approaches into their current CPD practice. We would like all dental professionals and stakeholders to engage with the proposals outlined below. If we are to collectively achieve a more proportionate system of professional regulation, adoption of a version of the proposals below would send a strong signal that dental professionals can take on renewed ownership of, and responsibility for, their own learning without the need for heavy-handed enforcement.

12. We recognise that some readers may view our proposals as reducing the GDC's responsibility for maintaining a CPD scheme. That is not the case. We want to relieve professionals of as much unproductive bureaucracy as possible and replace it with a much stronger expectation of personal responsibility on their part. We are confident that most of the profession will recognise the immediate benefits to the public and to themselves of exploring such approaches. However, we are clear that achieving the goals outlined in this document will depend on the profession seizing the opportunities that are on offer, and making that personal responsibility for ongoing development, tangible in the care they provide to patients.

Responding to this discussion document

13. An online survey has been created to gather your views. You do not have to complete the survey all at once, you can do it in parts, and save it to finish it later. To do this, please click on 'finish later' at the bottom of the page and then follow the instructions.

14. If responding by email or post, please include some details about yourself or your organisation. For individual responses, please state if you are a member of the public, a dental professional or responding in some other capacity. If you are a registered dental professional, please include your title(s). If you are responding on behalf of an organisation, please include the name of the organisation. If it is a membership body, please include the number of members your organisation represents.

Part 1: A future model for lifelong learning

Establishing a direction of travel

15. During the Shifting the balance consultation, we sought views on the development of a 'quality-based model of CPD for dental professionals'. We received a wide range of responses and interpretations of the proposals. Many respondents focussed on the quality measures of CPD activities, and it became clear that we needed to further explain our intentions, which is to explore the overarching framework for CPD. Rather than focussing on the *quality of the CPD activity itself*, we want to explore what the best possible framework to support lifelong learning for dental professionals.

16. To be clear, we are not looking to introduce new mandatory changes to the Enhanced CPD scheme for the foreseeable future, but to establish a direction of travel for what will build on the current model. Doing this now, will allow us to start making positive steps towards a new model, by making the best use of all levers available to us, and encouraging the take-up of high-value CPD activities.

The aims of lifelong learning

17. The GDC recognises that the current model can drive a 'tick box' attitude towards CPD, by focusing too narrowly on achieving mandatory (and in some ways arbitrary) requirements, with little regard for what is actually gained as a result. While the system itself needs to change, a cultural change around CPD is also needed. Part of encouraging cultural change is building a shared purpose for lifelong learning, which dental professionals are motivated to own and pursue.

18. In our stakeholder workshops, we asked dental professionals and other regulators about the aim or purpose of CPD, and the following themes emerged:

    - To maintain and improve quality of care for patients.
    - To provide public assurance that professionals are up to date.
    - To keep up to date with guidelines, regulations, best practice and technology.
    - To engage and learn with peers, both within professional groups and across teams.
    - To reflect and identify weaknesses and areas for improvement.

Question 1:
Do you agree with the list provided at paragraph 18? Is there anything you would add?

Question 2:
What more could be done to encourage dental professionals to undertake CPD activities that will meet the aims listed at paragraph 18? Who has a role to play in this and why?

Models to support the aims of lifelong learning

19. The literature review conducted by ADEE looked for evidence for a renewed approach to lifelong learning for dental professionals. They found that schemes were now moving away from set hourly requirements, where CPD hours or 'inputs' are measured, which tend to encourage a passive or 'compliance' approach to learning, and *towards* a model that is founded in professional ownership of a portfolio, which gives more freedom to tailor learning to individual development needs. The trend is for systems to be increasingly based on personal responsibility and less on external rules and quotas.

20. The literature review also looked for evidence on what types of activities might underpin such a model. When considering all of the evidence collected, and our established views on CPD development[2], we propose that a future portfolio model should be considered, comprising the following components:

    - Professionals maintain a portfolio centred in a personal development plan, owned and driven by the individual, who selects activities that best match their learning needs and field(s) of practice.
    - Reflection and reflective practice.
    - Active learning.
    - Peer learning, including mentor or coach interaction and feedback.
    - Assurance for the regulator that professionals are meeting the requirements.

21. The activities listed above – reflective practice, active learning and peer learning – are explored in more depth in Part 2 of this document. For this section, we are asking you to consider the portfolio model, as a whole.

Question 3:

What are your views on the components listed at paragraph 20 for a future portfolio model for dental professionals? Is there anything you would add or remove?

22. All these elements could be introduced without the need to make changes to the current scheme requirements. However, we are aware of barriers to moving to this position for dental professionals, including cost, limited or no protection of time to complete learning activities, employment arrangements, and access to activities and support, particularly for dental care professionals (DCPs).

Question 4:

How might professionals be motivated to adopt a portfolio approach now, without changes to the Enhanced CPD scheme requirements?

Question 5:

Who has a role to play in making this happen? What are the roles of the professions and is there a role for employers in the case of DCPs?

2 GDC, Shifting the balance: Your views and next steps, 12 December 2017.

A model to accommodate the full range of dental professionals

23. Dental professionals work across a variety of settings in a number of roles. They also undertake a wide range of treatments and tasks using differing skills. We call this a professional's 'field of practice', a term used in the Enhanced CPD scheme.
24. Regulatory best practice in lifelong learning promotes an approach that recognises the different 'risks' individual professions carry, when providing treatment and care to the public[3]. We view this to mean that regulation should be relevant to a professional's setting, role and the treatment they provide.
25. If the described portfolio model is adopted for dental professionals, the onus will be on the professional to take personal responsibility for effectively identifying and managing their own learning needs according to their field of practice. The responsibility will be placed on the individual professional to understand and manage their own risk, whatever their professional title(s) and field(s) of practice.

Question 6:

To what extent do you agree that the system should be flexible, and trust professionals to take responsibility for planning their own lifelong learning, according to their individual field of practice and needs?

Question 7:

How might professionals be motivated to effectively take personal responsibility for their own lifelong learning and development?

26. The Enhanced CPD scheme requires professionals to complete a number of CPD hours set by the GDC. Completion of CPD hours is managed through a PDP and the number of hours required varies according to the professional title(s).
27. The portfolio model described retains the PDP as the central element, with an increased focus on professionals taking ownership of the planning and learning activities they undertake, taking account of individual needs and field of practice.

Question 8:

Thinking longer term, if the portfolio model described at paragraph 20 was working effectively, do you agree that the GDC could remove the minimum CPD hour requirements for dental professionals?

Question 9:

What are the advantages or disadvantages of removing set CPD hour requirements?

Question 10:

How might assurance be gained, and provided, to demonstrate to the GDC that professionals are undertaking lifelong learning effectively?

3 Professional Standards Authority, An approach to assuring continuing fitness to practise based on right-touch regulation principles, November 2012.

Part 2: CPD practices

28. We want to hear your views on the CPD activities that would fit within the developing portfolio model, as described in Part 1.

Active learning

29. 'Active learning' includes learning activities that require active or hands-on engagement, and often includes interacting with other professionals. Examples include workshops and simulations. Active learning contrasts with activities that are passive, such as journal reading or listening to a lecture.

30. Peer learning, coaching, mentoring, and reflective practice are also, by their nature, active learning, so also fit into this category. However, these types of learning practices are considered in more detail below.

31. We have previously invited comments on incorporating this type of learning into the Enhanced CPD scheme. Respondents to this proposal felt the approach should be flexible. There were concerns about the different learning styles of individuals, access (due to location or by professional group) and associated costs. Similar feedback came out of our stakeholder workshops, with a strong sense that employers played an important role, for DCPs in particular, in enabling access to these kinds of activities.

32. The literature review evidenced the value of including a variety of active learning activities in PDPs, with an emphasis on basing the activity on adult learning principles; recognising that adults are self-directing, bring prior experience, are goal-focused and need learning to be relevant to real life situations. Other key findings from the review include:

    - Interactive activities (for example hands-on training) are a major influence on the professional's choice to undertake specific CPD courses.
    - In terms of appeal and effectiveness, the relevance of the interactive activity to clinical practice, through the inclusion of real-life problems or real patients, is of primary importance.
    - The reported benefits of active learning activity include enhanced confidence, strengthened clinical skills, communications and team working skills.
    - Some evidence suggests that multiple learning methods and repeated active learning activities are more beneficial than isolated one-off educational activities.

Question 11:
Which active learning activities do you feel would be most beneficial and why? Which are the most practical?

Question 12:

How can common barriers to accessing the most beneficial activities, such as geographical isolation and limited options for DCP groups, be overcome? Who can or should help reduce these barriers?

Question 13:

How might the professions be supported or encouraged to seek out active learning activities?

Peer learning

33. 'Peer learning' includes a wide range of peer-to-peer activities and learning, such as case discussions, clinical incident analysis, mentoring, coaching, peer review, shadowing and peer audit. It is understood that any one peer learning activity may not suit all learning styles or all registrant groups.

34. The 'peer review' proposal, included in the Shifting the balance gained broad support amongst respondents, but revealed the need for us to clearly define what we mean by peer learning. The responses also raised concerns about significant barriers to access faced by professionals, in particular for DCPs. Workshop discussions revealed that some registrants felt fearful and vulnerable when asked to be open and honest about their experiences with their peers, but that this could be dispelled by providing a safe and supportive environment.

35. The evidence for peer learning from the literature review showed its significant value. This is summarised below:

> "Peer learning takes a number of forms including peer: review, peer support, peer feedback, peer observation, peer audit, peer discussion groups, peer interaction, peer mentoring and coaching and use of peer facilitators. Peer learning facilitates sharing of best practice and promotes high standards of practice which can be especially valuable for lone practitioners.
>
> "Working together and interacting was reported to be beneficial and more likely to lead to positive changes in practice. In addition, peer learning supports reflective practice and identification of learning needs. Peer review groups can enhance interprofessional and inter-practice communication, learning and engagement, and promote mutual understanding."[4]

36. The literature review also reported features of best practice in mentoring and coaching, particularly:

- Clearly defining the roles and responsibilities of mentors and coaches, and agreeing a process and goals, in advance.
- Critical thinking and reflection are inherent within mentoring; the mentoring process helps mentees to reflect on their practice and identify learning gaps, aims and career goals.
- Consideration should be given to the skills of mentors and coaches.

4 GDC and Association for Dental Education in Europe (ADEE), A Review of the Literature on Continuing Professional Development (CPD), 10 January 2019.

37. During the workshop discussions it was stressed that mentoring needed to be goal orientated and mutually beneficial, with willingness on both sides.

Question 14:
What types of peer learning do you think dental professionals would find most beneficial and why?

Question 15:
What types of peer learning do you think are practical for dental professionals to undertake?

Question 16:
What are the barriers to peer learning, in general, or for certain subgroups of dental professionals? How can these barriers be overcome?

Question 17:
Outside of the GDC, who has a role to play in supporting peer learning for dental professionals?

Reflection and reflective practice

38. 'Reflection or reflective practice' is the thought process individuals use to consider their experiences in order to gain insights about their practice. The literature review reported on team-based reflective practice, as follows:

> "Opportunities for multi-professional teams to reflect and discuss openly and honestly what has happened when things go wrong (and when things go right) should be encouraged. These valuable reflective experiences help to build resilience, improve wellbeing and deepen professional commitment."

39. In June, the GDC and eight other healthcare regulators, published a joint statement of support on the Benefits of becoming a reflective practitioner. Healthcare regulators agree that reflection is of benefit, as it helps professionals to continually improve the way they work and the quality of care they provide.

40. To date, we have not published any specific guidance relating to reflective practice, beyond what is currently included in our Enhanced CPD Guidance. The Guidance strongly encourages registrants to reflect on their learning and how it applies to their practice and patients. However, reflection is not mandatory in the current scheme and the guidance for professionals does not stress the importance of reflecting on practice.

41. CPD and reflective practice are inter-related. Reflection can enhance the benefits of CPD, and reflective approaches to practice can be promoted by CPD. Reflective practice is prominent within the most current CPD schemes and revalidation processes. Key findings from the literature review on reflective practice include:

- The ability to reflect is not inherent and practitioners may need to be educated on how to reflect. This ability increases over time and with practice.
- The impact of reflection on practice is enhanced when it is undertaken willingly and shared with colleagues. Peer learning, group learning, mentoring and appraisal enhance a professional's ability to reflect on their practice.
- Reflective exercises included within CPD schemes must be real opportunities for practice improvement, and not just a 'box to tick' exercise within the scheme.

Question 18:
How might reflective practice be better incorporated into the Enhanced CPD scheme?

Question 19:
What are the barriers to introducing reflective practice into the Enhanced CPD scheme?

Question 20:
What structure(s), framework(s) or model(s) of reflective practice could be useful for dental professionals? Does this vary across the different groups of dental professionals?

Question 21:
How can dental professionals be encouraged to do more reflection?

Part 3: Informing CPD choices

Insights and intelligence to inform CPD choices

42. 'Insights and intelligence to inform CPD choices' refers to the information and guidance that professionals use, from a variety of sources, to guide the CPD activities they choose. This might include their own needs assessment, completed through an appraisal or with a colleague, insights from GDC fitness to practise concerns, and relevant guidance or insights from other bodies and organisations.

Recommended topics

43. For many years now, we have published a list of 'recommended' and 'highly recommended' topics for CPD. These were developed, over time, using intelligence from external institutions and research. The aim is to highlight topics relevant to patient safety and important regulations, which would be applicable to the majority of dental professionals.

44. However, we are becoming increasingly aware that having a list of recommended topics might be encouraging some registrants to treat the list as a 'tick box' exercise. We are informed that individuals use the list as a generic basis for CPD, rather than selecting the topics that are most relevant to their field(s) of practice or PDP. Indeed, many dental professionals and organisations misunderstand the recommended topics, believing them to be compulsory CPD topics. In some ways, the existence of recommended topics has tended to undermine the personal responsibility we are seeking to encourage.

45. Further, the recommended topic list has become an important driver of the UK CPD market, with some providers offering 'one-stop-shop' events which purport to cover all recommended topics in one activity or day. We consider such products as running the risk of furthering a 'tick box' mentality. These unintended consequences do not align with a future system for lifelong learning, in which professionals assess and drive their own learning and development.

46. The GDC is the only UK health regulator to hold a list of recommended topics and this raises the question as to whether it's appropriate for us to continue. In practice, the list is composed largely of topics for which the expertise and regulatory remit lie with other organisations, while these organisations bear no responsibility for ensuring that the recommended topics remain current, relevant and coherent. This means that over time, the list of recommended topics runs an increasing risk of providing 'false assurances' to professionals.

47. We believe that a more robust and future-proof system would place the onus more directly on other organisations to influence professionals on the CPD choices they make. With our role shifting to one of signposting, rather than mandating. We expect these ideas to be explored further in our work to produce guidance for managers of dental professionals, including the role of managers and employers in promoting professionalism.

48. The current situation is also at odds with our renewed focus on professionals assessing and driving their own learning needs. Our proposal is to only highlight topics for which we have expertise, remit and intelligence e.g. common themes coming through fitness to practise and complaints handling processes[5]. We also want to explore the other ways in which professionals might be better informed of their CPD choices.

5 GDC, Fitness to practise learning, Quarter 4 2018, June 2019.

49. The literature review reported findings on how individual professionals inform their CPD choices, as follows:

> "CPD choices are typically informed by self-assessment of learning needs. The ability to self-assess is a skill, and professionals may need help in reflecting on their strengths, and weakness, and identifying learning needs. There is consensus in the literature of the value of using a PDP or portfolio to document self-assessment of learning needs, plan CPD activity and reflect on its impact. Other tools to identify needs include the use of surveys and multi-source feedback"

Question 22:

Do you think recommended topics have a positive or negative role in planning and CPD selection?

Question 23:

To what extent do you agree that moving to a portfolio model as described in Part 1, where individuals drive their own learning, will negate the need for GDC recommended topics?

Question 24:

How can the CPD choices professionals make be better informed?

Question 25:

Other organisations might be better placed to recommend CPD topics for dental professionals. Do you have any suggestions about who should be providing this information?

Final comments

Question 26:

Are there any final comments you would like to make about the themes explored in this discussion document, or about lifelong learning for dental professionals more broadly?

Please use the online survey to provide your response, and please remember to use the 'finish later' function, if you'd like to complete your response in more than one sitting.

Appendix A: List of discussion document questions

Q1:	Do you agree with the list provided at paragraph 18? Is there anything you would add?
Q2:	What more could be done to encourage dental professionals to undertake CPD activities that will meet the aims listed at paragraph 18? Who has a role to play in this and why?
Q3:	What are your views on the components listed at paragraph 20 for a future portfolio model for dental professionals? Is there anything you would add or remove?
Q4:	How might professionals be motivated to adopt a portfolio approach now, without changes to the Enhanced CPD scheme requirements?
Q5:	Who has a role to play in making this happen? What are the roles of the professions and is there a role for employers in the case of DCPs?
Q6:	To what extent do you agree that the system should be flexible, and trust professionals to take responsibility for planning their own lifelong learning, according to their individual field of practice and needs?
Q7:	How might professionals be motivated to effectively take personal responsibility for their own lifelong learning and development?
Q8:	Thinking longer term, if the portfolio model described at paragraph 20 was working effectively, do you agree that the GDC could remove the minimum CPD hour requirements for dental professionals?
Q9:	What are the advantages or disadvantages of removing set CPD hour requirements?
Q10:	How might assurance be gained, and provided, to demonstrate to the GDC that professionals are undertaking lifelong learning effectively?
Q11:	Which active learning activities do you feel would be most beneficial and why? Which are the most practical?
Q12:	How can common barriers to accessing the most beneficial activities, such as geographical isolation and limited options for DCP groups, be overcome? Who can or should help reduce these barriers?
Q13:	How might the professions be supported or encouraged to seek out active learning activities?

Q14: What types of peer learning do you think dental professionals would find most beneficial and why?

Q15: What types of peer learning do you think are practical for dental professionals to undertake?

Q16: What are the barriers to peer learning, in general, or for certain subgroups of dental professionals? How can these barriers be overcome?

Q17: Outside of the GDC, who has a role to play in supporting peer learning for dental professionals?

Q18: How might reflective practice be better incorporated into the Enhanced CPD scheme?

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Q25: Other organisations might be better placed to recommend CPD topics for dental professionals. Do you have any suggestions about who should be providing this information?

Q26: Are there any final comments you would like to make about the themes explored in this discussion document, or about lifelong learning for dental professionals more broadly?

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