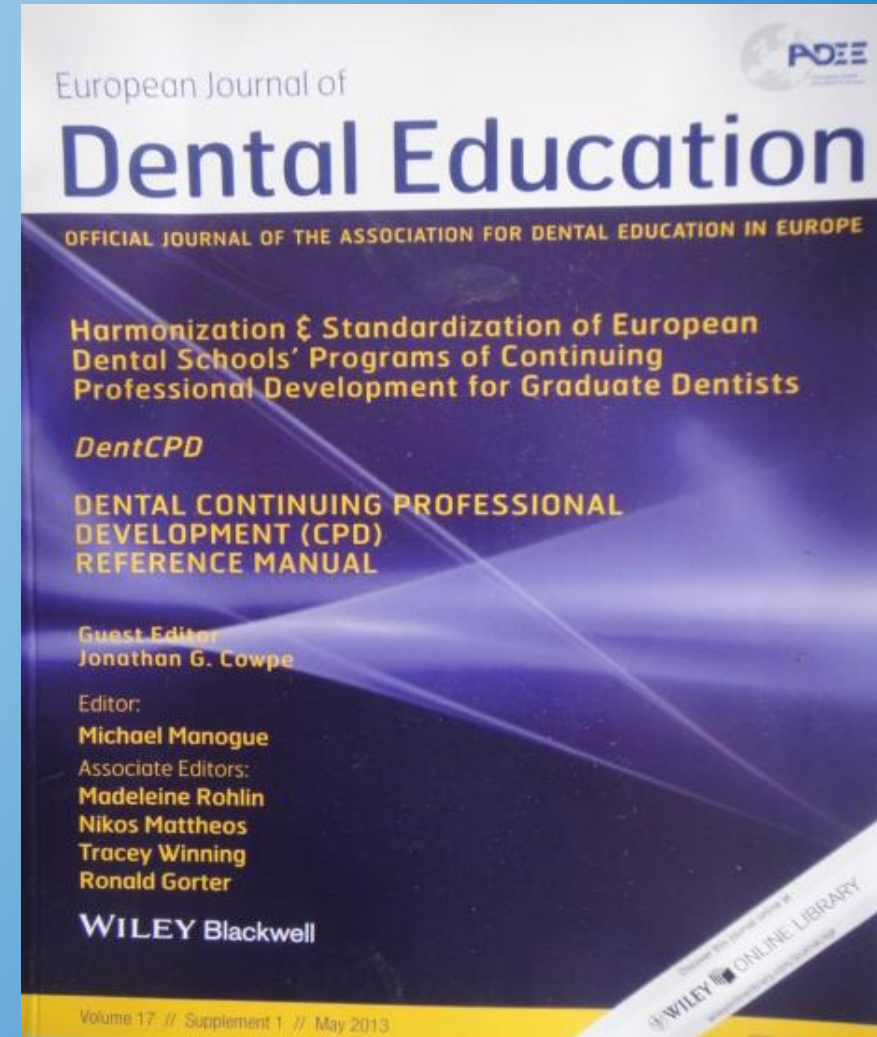


**DentCPD**

ADEE 2014  
Sustaining DentCPD  
in Riga

# LIFE LONG LEARNING Special Interest Group

Professor Jonathan Cowpe  
Wales Deanery  
Cardiff University



## Outcomes from ADEE 2013 – LLL SIG

- ❖ **A SUMMARY OF QA ISSUES**
- ❖ **TABLE OF ACCREDITATION DETAILS**
- ❖ **CIRCULATE AND PROMOTE MORE DISCUSSION ACROSS THE ADEE NETWORK**
- ❖ **RIGA**
  - ❖ **DentCPD lives on – sustainability assured**

## Quality Assurance of Dental CPD

- ▶ **INADEQUATE, VARIABLE, LACK OF CLARITY**
- ▶ **QA NEEDS TO BE ADDRESSED** – course quality – peer review on day
- ▶ **SIGNIFICANT RESOURCE IMPLICATIONS**
- ▶ **LEARNING OUTCOMES - ACHIEVED? MEASURABLE?**
- ▶ **"Regulatory bodies"** for CPD - commissioned to provide this
- ▶ **Produce defined criteria for variable activities – recognise value of commercial courses**

- ▶ **QA GUIDANCE/Framework - prescriptive/flexible**
- ▶ **'REGISTRANT' PORTFOLIO - reflection on impact of CPD activity - PDP**
- ▶ **Patient input – HOW?**
- ▶ **EVIDENCE THAT CPD IMPACTS POSITIVELY ON PROFESSIONAL AND CLINICAL SERVICE FOR PATIENTS???**
- ▶ **CORE ? But is it effective?**

**Topics for discussion**  
**LLL SIG at ADEE 2014 in Riga**

- ▶ **Development of a 'QA framework for Dental CPD'**
- ▶ **CPD topic - 'Managing Medically Compromised Patients'**



# Development of a Quality Assurance Framework for Dental CPD

Project commissioned by the Committee of Postgraduate Dental Deans & Directors -UK

LINDA PRESCOTT-CLEMENTS

TONY ANDERSON



# Context from the UK perspective

- ▶ Following the publication of the White Paper “Trust, Assurance and Safety” in 2007, the Department of Health set out 12 principles for non-medical revalidation in November 2008. **These included CPD and Quality Assurance**
- ▶ In July 2011, the GDC held a review of CPD requirements for registrants, recognising that it had been 10 years since the introduction of mandatory CPD for dentists and that **revalidation may rely, in part, on evidence of CPD participation.**
- ▶ Subsequent consultation, focus groups of registrants & patients, and a conference in April 2012, **highlighted concerns over the quality of some CPD provision.**
- ▶ In March 2013, the GDC called on all providers of CPD **“to ensure they robustly quality assure their CPD products and services and have effective feedback mechanisms in place”**

# Context

- ▶ The GDC launched a call for information in May 2013 on “**Quality of CPD in Dentistry**” that closed in July 2013.
- ▶ A revalidation stakeholder forum held in July 2013 further discussed **concerns about the quality of CPD**
- ▶ A ‘rapid industry’ assessment of Dental CPD commissioned by the GDC has now been published, **highlighting the degree of variation across the sector.**
- ▶ The Revalidation Working Group has suggested that COPDEND be proactive in encouraging the development of industry-led standards of CPD

# Project Plan



# Stage 1: Research

- ▶ Define 'Quality' and research requirements
- ▶ Literature Review
  - ▶ *Robust search strategy*
  - ▶ *Both published and 'grey' literature.*
  - ▶ *Context essential: professional, geographical, etc*
- ▶ Audit of Current Practice across CPD Providers
  - ▶ *In-depth stakeholder interviews*
  - ▶ *Thematic analysis*

## Stage 2: Development

- ▶ Triangulate evidence from each dataset.
- ▶ Discussions with expert advisory group and key stakeholders
- ▶ Combine evidence regarding best practice within each 'theme', with feasibility considerations.
- ▶ Proposal (or options) for review by COPDEND.

## Stage 3: Consultation

- ▶ Approved draft framework and guidance document for national consultation.
  - ▶ *Short electronic questionnaire (focused).*
  - ▶ *Focus groups / interviews with key stakeholders*
- ▶ Iterative process
- ▶ Amend framework if necessary

## Stage 4: Launch & Publication

- ▶ Maximise reach and impact across the sector.
- ▶ **Presentation at national event**
- ▶ Regional events
- ▶ BDA conferences.
- ▶ Publications in key journals.

# Literature Review...

Key Messages

# Literature Review...

Key Messages: Quality Indicators

4 themes identified:

Educational  
Planning, Design &  
Development

Educational Delivery

Educational  
Evaluation

Educational  
Administration



# What are we aiming for...

The QA framework for Dental CPD needs to:

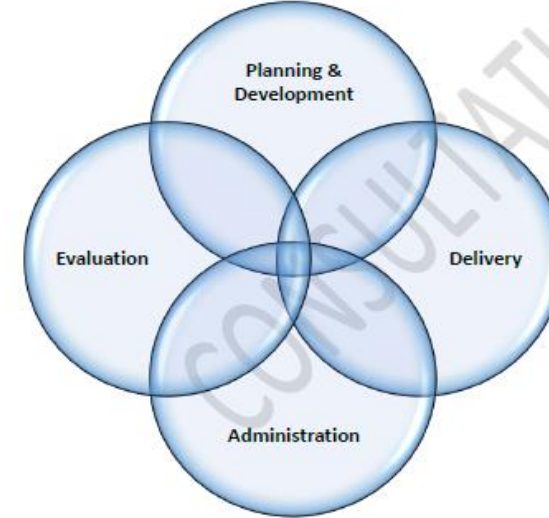
- Incorporate meaningful evaluation, with measurable outcomes.
- Be practical, to ensure buy-in and widespread implementation.
- Involve measured participation and engagement in CPD activities.
- Include the standard of delivery of CPD in addition to the quality of the content.
- Straightforward and workable
- Incorporate a range of standards, from 'good enough' through to 'aspirational'.



# Quality Assurance Framework for Dental CPD

## Framework Overview

The Framework is structured around four principle areas vital to quality CPD: Planning and Development, Delivery, Evaluation and Administration.



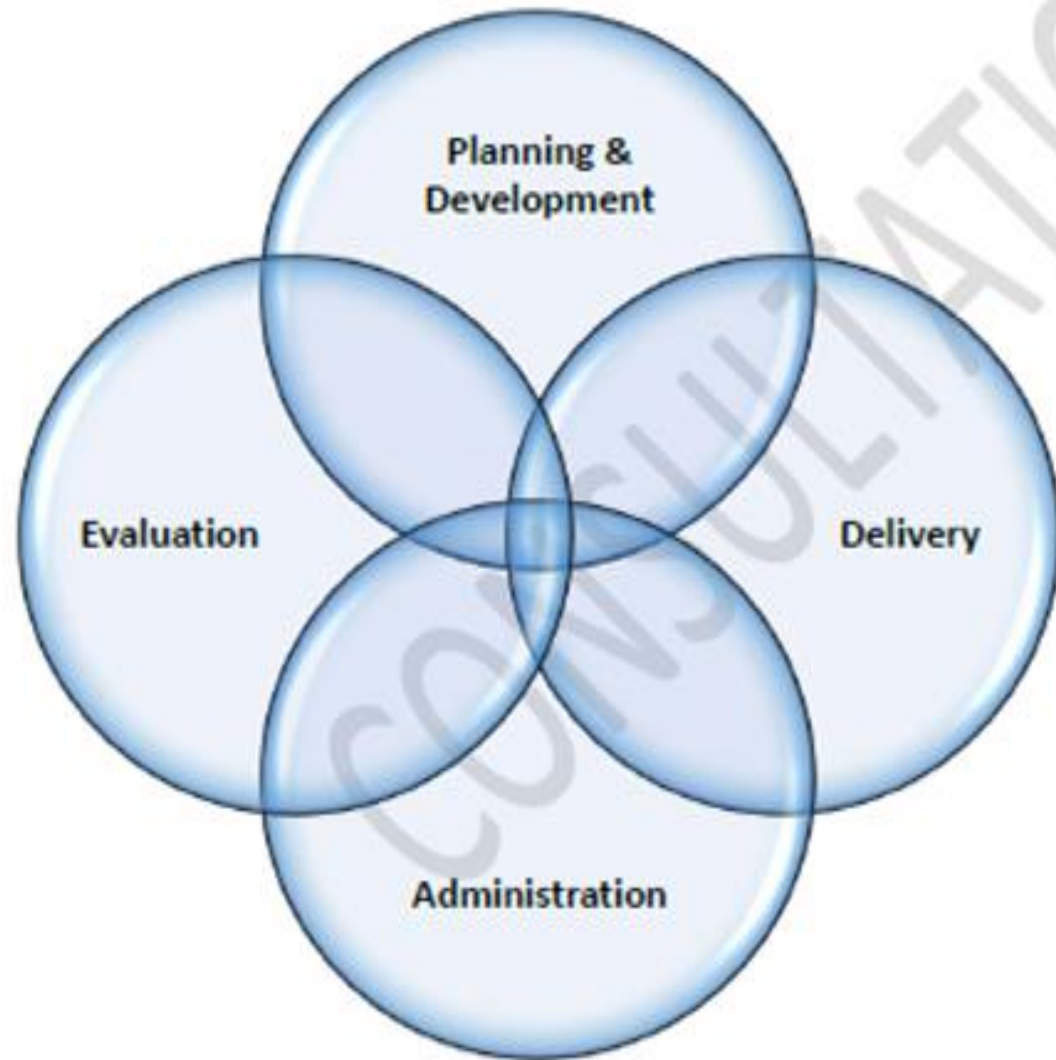
The sections within the framework are as follows:

1. Planning & Development
  - 1.1. Educational aims & learning outcomes
  - 1.2. Educational design & development
2. CPD Delivery
  - 2.1. Teachers & Trainers
  - 2.2. Delivery methods
  - 2.3. Assessment of participants' learning
3. CPD Evaluation
4. CPD Administration

1.1 Educational Aims, Objectives and Learning Outcomes	Bronze	Silver	Gold
Clear and concise educational aims, objectives and learning outcomes are available for the CPD activity.	✓	✓	✓
Educational aims, objectives and learning outcomes are published in advance and are easily accessible by potential participants of the CPD activity, so that the content and relevance of the activity can be considered before registering.	✓	✓	✓
Educational objectives and learning outcomes are specific, measurable, achievable relevant and time-bound (SMART).	✓	✓	✓
Participants have an opportunity to provide feedback regarding whether the educational aims, objectives and learning outcomes for the CPD activity have been achieved. (see also section 3)	✓	✓	✓
Educational aims, objectives and learning outcomes are recorded on certificates provided for the CPD activity.	✓	✓	✓
Educational aims, objectives and learning outcomes are written by an appropriate individual with subject-matter expertise, and reviewed by a third party with appropriate expertise, to ensure they are appropriate and relevant for the target audience.	✓	✓	✓
Educational aims, objectives and learning outcomes for the CPD activity address a pre-determined training need for the target audience.			✓
Educational aims, objectives and learning outcomes are reviewed (and if appropriate, revised) following evaluation of the CPD activity (including participants' feedback on their relevance).	✓	✓	✓
The review of educational aims, objectives and learning outcomes are integrated into the providers' formal quality assurance and improvement strategy.		✓	✓

## Framework Overview

The Framework is structured around four principle areas vital to quality CPD: Planning and Development, Delivery, Evaluation and Administration.



The sections within the framework are as follows:

1. **Planning & Development**
  - 1.1. Educational aims & learning outcomes
  - 1.2. Educational design & development
2. **CPD Delivery**
  - 2.1. Teachers & Trainers
  - 2.2. Delivery methods
  - 2.3. Assessment of participants' learning
3. **CPD Evaluation**
4. **CPD Administration**

# Development of a 'QA framework for Dental CPD'

- ▶ **Do you think the Framework will help CPD users identify and target high quality, effective CPD?**
- ▶ **Do you think the Framework will support CPD providers in the development, delivery and maintenance of high quality, effective CPD?**
- ▶ **[Are separate versions of the Framework for CPD 'Users' and 'Providers' helpful?]**
- ▶ **How should the framework be implemented?**
- ▶ **What are the potential barriers to this framework becoming a mechanism to raise standards of Dental CPD in your country?**



1.1 Educational Aims, Objectives & Learning Outcomes	Description / Additional Notes
Clear and concise educational aims, objectives and learning outcomes are available for the CPD activity.	Educational aims, objectives and learning outcomes should be written in clear English, free from unnecessary jargon / acronyms, and accurately reflect the content and context of the provision.
Educational aims, objectives and learning outcomes are published in advance and are easily accessible by potential participants of the CPD activity, so that the content and relevance of the activity can be considered before registering.	Educational aims, objectives and learning outcomes should be published on marketing material, and websites.
Educational objectives and learning outcomes are specific, measurable, achievable relevant and time-bound (SMART).	"Outcomes" may include the outcomes on the individual participant, their practice, and / or patients.
Participants have an opportunity to provide feedback regarding whether the educational aims, objectives and learning outcomes for the CPD activity have been achieved. (see also section 5)	Best practice would move beyond a single global question on a feedback form such as "Have all the learning outcomes been met?" to provide participants with the opportunity to comment on each of the Learning Outcome's individually, and provide qualitative feedback on each and the degree they feel that they have been met or otherwise.
Educational aims, objectives and learning outcomes are recorded on certificates provided for the CPD activity.	Whilst not a specific GDC requirement, this allows participants to easily access the necessary information to evidence CPD activities.
Educational aims, objectives and learning outcomes are written by an appropriate individual with subject-matter expertise, and reviewed by a third party with appropriate expertise, to ensure they are appropriate and relevant for the target audience.	
Educational aims, objectives and learning outcomes for the CPD activity address a pre-determined training need for the target audience.	Various mechanisms exist to identify training needs, from priorities identified as being relevant to all professionals such as GDC, CQC topic recommendations etc., to individual professionals' training needs such as via appraisal, addressing concerns etc. Individual training needs analysis is also the responsibility of the user, and provider input to this process may not be possible.
Educational aims, objectives and learning outcomes are reviewed (and if appropriate, revised) following evaluation of the CPD activity (including participants' feedback on their relevance).	Review should consider a range of evidence, including participant feedback, training needs information and contextual factors / relevance, to ensure that educational aims, objectives and learning outcomes remain appropriate.
The review of educational aims, objectives and learning outcomes are integrated into the providers' formal quality assurance and improvement strategy.	The processes for review, including how often, by whom, and the evidence / data considered during the process should be identified within the strategy. Reviews and changes to educational aims, objectives and learning outcomes should be recorded.

1.2 Educational Design & Development	Description / Additional Notes
The content is developed by recognised experts in the specific subject area that the CPD activity is focusing upon.	"Recognised experts" would include individuals with specialist knowledge or qualifications in the area, or those who have published in the area.
The qualifications, experience and expertise of the individual responsible for developing the content of the CPD is reviewed by the provider, and details made available to potential participants in advance of the CPD activity.	Reviews of qualifications and experience should be transparent and where a conflict of interest occurs (between the reviewer and the proposed teacher / trainer) this should be declared.
Content is evidence-based where possible, and sources and / or supporting evidence for the content is referenced so that participants are informed.	The references / evidence-base should be available for participants to consider both during and after the activity, e.g. on information sheets, website etc. Where evidence is not available, this should be made clear to participants.
Content is reviewed to check that it is current, accurate and appropriate for the target audience by a third party with appropriate expertise. Reviews of content take place prior to the activity being delivered for the first time, and at regular intervals thereafter (where participant feedback is also considered).	Where content is developed by the teacher / trainer, the third party may be a member of the provider organisation, or external expert where available.
The instructional design of the activity uses evidence-based educational strategies to maximise participant engagement (including strategies to address the needs of audiences where different professional groups are learning together).	"Regular intervals" would depend on the frequency that the activity is provided, but for face to face courses this should be at least annually.
The instructional design of the activity uses evidence-based educational strategies to enhance participant learning, through consideration of the prior knowledge of the participants.	In addition to attendance monitoring (i.e. registers that sign "in" and "out" (or log activity whilst online), strategies may include (but not be limited to) initiatives such as regular questioning, discussion, exercises throughout and during provision, quizzes throughout the activity, and assessments.
The instructional design of the activity uses evidence-based educational strategies to enhance participant learning, by ensuring contextual relevance for the target audience.	Strategies may include (but not be limited to) initiatives such as requesting contextual information from participants in advance so that content can be targeted, raising contextual relevance during discussions, strategies to ensure relevance for audiences of mixed professionals or those with a varying degree of prior experience.
The instructional design of the activity uses evidence-based educational strategies to enhance participant learning, by incorporating time for reflection, discussion, questions and providing feedback.	Strategies may include (but not be limited to) initiatives such as requesting contextual information from participants in advance so that content can be targeted, raising contextual relevance during discussions, strategies to ensure relevance for audiences of mixed professionals or those with a varying degree of prior experience.
	Such strategies should be embedded within the activity, at (appropriate) and regular intervals, rather than a single short opportunity at the end of the activity.

2: CPD Delivery 2.1 Teachers & Trainers	Description / Additional Notes
Individuals responsible for the delivery of the CPD are identified through robust and transparent processes, on the basis of their experience and expertise in the subject matter.	<i>Experience and expertise in the subject matter should be prioritised, although availability and cost are also important factors. Any conflicts of interest between the provider staff and potential teachers / trainers should be declared.</i>
The individual responsible for delivering the CPD has the necessary qualifications (relevant to the subject matter), experience and expertise to do so to a high level – these attributes are reviewed by the provider and recorded.	<i>Reviews of qualifications and experience should be transparent and where a conflict of interest occurs (between the reviewer and the proposed teacher / trainer) this should be declared.</i>
The qualifications, experience and expertise of the individual responsible for delivering the CPD activity is reviewed by the provider, checked by a third party with appropriate expertise and details made available to potential participants in advance of the CPD activity.	<i>Where content is developed by the teacher / trainer, the third party may be a member of the provider organisation, or external expert where available. Details could be provided on marketing material, or easily accessible (and signposted) on websites.</i>
Teachers / trainers are fully prepared to deliver the CPD, and have an understanding of the target audience, their prior knowledge and experience, and the context within which they work.	<i>Providers should provide orientation for new teachers / trainers where required, and details of the target audience (ideally for individual participants where variation exists)</i>
Any conflicts of interest regarding the individual responsible for delivering the CPD are communicated directly to participants in advance of (and during) the activity.	<i>Conflicts of interest should be communicated clearly on all marketing material in advance of provision (when participants are choosing activities), and again at the onset of provision.</i>
Delivery of the CPD activity does not involve any overt promotion or sponsorship. (see also section 4).	<i>This may include (but is not restricted to) use of branded services, products, medicaments and materials in lectures and demonstrations. Wherever possible generic terminology should be used and /or all relevant products described.</i>
Teachers / trainers have undertaken formal training in educational theory and methods, and have attained formal recognition by an appropriate nationally recognised body.	

2: CPD Delivery 2.2: Delivery Methods	Description / Additional Notes
There is a single point of contact for participants prior to, during and following a CPD activity, to answer either administrative or educational queries.	<i>The contacts for administrative and educational queries may be different individuals within the provider organisation, or the point of contact may be teacher / trainer themselves. Contact details should be clear to participants.</i>
Delivery methods are appropriate for the learning objectives, anticipated outcomes, and target audience.	<i>Delivery methods should reflect the objectives and be those most effective to achieve the anticipated outcomes, prioritising learner engagement, and opportunities for reflection and feedback. E.g. delivery methods for CPD activities focusing on the development of practical skills should involve demonstration and opportunity for practice, CPD aiming to enhance knowledge should include opportunities for dialogue, contextual discussions, or assessment with feedback.</i>
Delivery methods use appropriate strategies to ensure the effective and consistent engagement of participants in the CPD activity.	<i>Strategies may include (but not be limited to) initiatives such as registers that sign 'in' and 'out' (or log activity whilst online), regular questioning, discussion, exercises throughout and during face to face provision, quizzes throughout the activity, and assessments.</i>
Delivery methods employ techniques that enhance participants' understanding and learning, such as questioning, discussion, time for reflection, feedback etc.	<i>There is strong evidence that active engagement of participants increases the effectiveness of educational activities.</i>



2: CPD Delivery 2.3 Assessment of Participants' Learning	Description / Additional Notes
The CPD activity includes an assessment of each individual participants learning (knowledge, skills or behaviours relevant to the learning outcomes of the activity), using appropriate assessment methods.	<i>Assessment methods should reflect the educational aims and learning outcomes, for example CPD to enhance knowledge could use MCQs, short answer questions etc, whereas CPD teaching practical skills may be assessed using experts judgements following observed performance. Participants' self-assessment alone is not considered to be effective in this context.</i>
The design of assessment content / questions, and marking criteria, are reviewed by an individual with educational expertise to ensure they are robust.	<i>For example, to ensure MCQs are sufficiently challenging, free from bias and unambiguous etc.</i>
Feedback is provided to participants following the assessment of their learning, in a format that enables individual participants to understand whether the activity has increased (or confirmed) their knowledge, skills and / or behaviours.	<i>In addition to the results from the assessment (correct / incorrect answers) this would ideally include further detailed feedback, or signposting to content or further learning opportunities.</i>
A minimum standard or pass-mark is applied to the assessment, of which achievement is necessary in order to be given a CPD certificate / award. This standard is sufficiently challenging, set using robust processes, and is considerate of the target audience.	<i>"Sufficiently challenging" should ensure that the pass mark is unlikely to be achieved by 'guessing' alone, and is indicative of having achieved the learning outcomes.</i>
Assessments are marked either objectively, or by an individual with appropriate expertise in the subject matter (e.g. teacher / trainer).	
Assessment methods have been tested and shown to be robust in terms of validity and reliability.	
Pre- and Post- activity assessments are used to identify levels of prior knowledge and measure learning achieved via the CPD activity. <i>(where appropriate)</i>	

3. CPD Evaluation	Description / Additional Notes
Structured feedback is obtained from individual participants following each CPD activity.	<i>This should include the opportunity to provide qualitative comments on the activity, across a range of areas (not limited to 'tick boxes'). Feedback should be directly relevant to the specific CPD activity, and not just relate to the environment.</i>
Participants are able to provide feedback anonymously.	
Where questionnaires are used to obtain feedback from participants, the content and questions are directly relevant to the CPD activity being evaluated, with space available for detailed feedback and suggestions.	<i>Questions should ideally be targeted appropriately rather than generic forms across all provision. Appropriate content for participant questionnaires includes: achievement of the learning outcomes of the CPD event with regard to achievement of the educational outcomes, content coverage and extent of knowledge imparted, usefulness and relevance of the information provided, skills of the presenter, and suitability of the venue.</i>
Feedback from participants is requested regarding their satisfaction with the CPD activity in terms of educational effectiveness, including (1) achieving the learning objectives and outcomes, (2) quality of educational design and delivery, (3) relevance, (4) ability to engage participants, (5) value for money, (6) absence of commercial bias or promotion.	<i>Appropriate content for participant questionnaires includes: achievement of the learning objectives / outcomes of the CPD event with regard to achievement of the educational outcomes, content coverage and extent of knowledge imparted, usefulness and relevance of the information provided, skills of the presenter, and suitability of the venue.</i>
Structured feedback from participants is requested regarding the perceived impact of the CPD activity, on future practice and / or patient care and outcomes.	<i>This level of feedback could be sought immediately following participation in the CPD activity.</i>
Outcomes of CPD activities on the participant and / or their practice are investigated using appropriate evaluation methods, and the results (from previous evaluations of the activity) are made available for participants.	<i>Appropriate evaluation methods will depend on the type of CPD / learning. A number of methods / tools have been used to measure the outcomes of CPD on practitioners, including questionnaires, knowledge tests, performance assessment, post-activity interviews and detailed (structured) reflective accounts. A range of outcomes can be measured, depending on the aims and learning outcomes of the CPD: in addition to changes in knowledge, skills and behaviours, outcomes could include confidence, self-efficacy, teamwork and commitment to change.</i>
The longer term impact of CPD activities on the participant and / or patients is investigated through follow up evaluation at an appropriate time period after the event.	<i>For priority or recurring courses / core topics, the collection of baseline data on patient or clinical outcomes and subsequent longitudinal data may be helpful to understand the impact of such CPD.</i>

Feedback from participants is routinely analysed in a systematic manner, and reviewed by all those responsible for the development and delivery of the CPD activity.	
Participant feedback data is recorded and stored appropriately.	
Concerns raised by participants are considered by providers and addressed where appropriate in subsequent activities.	<i>Responses and decision made following concerns should be recorded to ensure that feedback over time can be considered, i.e. providers can look back at previous feedback to identify patterns.</i>
Participant feedback regarding CPD activities is embedded within a formal quality improvement process, with clear feedback loops to educational development.	
Multiple sources of evidence are considered in the quality improvement process for CPD activities, including participant feedback, assessment results and needs analysis. Longitudinal data is considered for courses that are repeated periodically.	
The Provider has a published policy about managing complaints or concerns that is made available to potential participants.	

4. CPD Administration	Description / Additional Notes
Details of the CPD activity are published in advance and available to participants, including details of the activities aims, learning objectives and anticipated outcomes, format, teacher / trainer (or developer for online or printed CPD), duration and cost.	<i>Information should be clear and easily accessible, on marketing material and websites.</i>
Appropriate records are kept securely by the provider, including the number of verifiable CPD hours completed by participants, title, aims, objectives and learning outcomes of each CPD activity, and evaluation data.	
CPD certificates are provided to participants where evidence of engagement with the CPD activity can be demonstrated.	<i>Where there is no evidence of engagement with the activity, CPD Certificates should be withheld.</i>
CPD Certificates include the title and learning outcomes for the activity, and the number of verifiable CPD hours.	
The provider has a quality assurance policy for CPD activities, including transparent processes for quality improvement.	<i>Quality Assurance policies and quality improvement strategies should be available to participants if requested.</i>
Internal quality reviews of provision are carried out at regular intervals (minimum annually).	<i>Reviews should involve multiple individuals with appropriate expertise, and consider a range of evidence and feedback regarding CPD effectiveness.</i>
Quality assurance of CPD activities includes external review.	
Continual improvements to CPD provision are documented.	
All commercial interests or commercial support / promotion for the CPD activity are disclosed in advance.	
Educational content and commercial sponsorship, support or promotion are kept completely separate.	
The provider has staff whose role includes the quality management of provision.	
The learning environment (and facilities) are appropriate, supporting participant engagement and learning.	

# Core Topic Proposal

## Four Core Compulsory CPD topics:

- ▶ medical emergencies
- ▶ cross-infection control
- ▶ **the medically compromised patient**
- ▶ radiation protection (for those taking Xrays, using scanners).

## Three Core Recommended CPD topics:

- ▶ health and safety
- ▶ pain management
- ▶ safeguarding children and vulnerable adults



# iADH

International Association  
for Disability & Oral Health

## Undergraduate Curriculum in Special Care Dentistry

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ORIGINAL MATERIAL accepted by the iADH Council 27/10/2012.

Date for review 2016



### 4. COMMUNICATION SKILLS IN SPECIAL CARE DENTISTRY

4A - KNOWLEDGE	4B - SKILLS	4C - ATTITUDES BEHAVIOURS
Describe appropriate methods of communication for people with cognitive, sensory and/or other communication impairments.	Use appropriate methods of communication for people with cognitive, sensory and/or other communication impairments.	Demonstrate culturally sensitive and inclusive language with patients, colleagues and care givers.

### 5. IMPACT OF IMPAIRMENTS, DISABILITIES & SYSTEMIC CONDITIONS ON ORAL HEALTH & ORAL FUNCTION

5A - KNOWLEDGE	5B - SKILLS	5C - ATTITUDES BEHAVIOURS
Describe common impairments, disabilities and systemic conditions in relation to their impact on oral health and oral function.	Identify the key elements of impairments, disabilities and systemic conditions that may impact on oral health or oral function for individual patients.	Consider the need for and benefits of inter-professional liaison in patient assessment.

### 6. CLINICAL MANAGEMENT OF PATIENTS REQUIRING SPECIAL CARE DENTISTRY

6A - KNOWLEDGE	6B - SKILLS	6C - ATTITUDES BEHAVIOURS
(i) Describe the factors (medical, social and environmental) that impact on risk assessment and treatment planning for individual patients requiring special care.	(i) Design oral health education for individual patients and their caregivers.	(i) Recognise the value of teamwork in the management for patients requiring special care.
(ii) Discuss behavioural and pharmacological approaches that facilitate dental treatment for individual patients requiring special care dentistry (according to local guidelines and protocols).	(ii) Provide simple clinical treatment using appropriate facilitation techniques for patients requiring special care, likely to present to a primary care service.	(ii) Take responsibility for referring or arranging care for patients with more complex needs.

# CPD topic - 'Managing Medically Compromised Patients'

- ▶ An opportunity to work with our colleagues from the SIG devoted to 'Special Care dentistry'.
- ▶ **In your country what examples of CPD do you provide that cover the subject of Special Care Dentistry?**
- ▶ **If we were to provide a series of modules over a 5 year cycle - suggest the main module titles and topics to be covered?**