

# Life Long Learning - Special Interest Group Berlin ADEE conference 2019



## *The end of CPD as we know it? Welcome changes ahead?*

### **ADEE CPD project team:**

**Jonathan Cowpe<sup>1</sup>, Alison Bullock<sup>2</sup>, Argyro Kavadella<sup>3</sup>, Emma Barnes<sup>2</sup>, Barry Quinn<sup>4</sup>, Denis Murphy<sup>5</sup> Jessica Rothnie<sup>6</sup>**

<sup>1</sup> School of Dentistry, **Cardiff University**, UK; <sup>2</sup> CUREMeDE School of Social Sciences, **Cardiff University**, UK; <sup>3</sup> School of Dentistry, **Athens University**, Greece; <sup>4</sup> **King's College London**, UK; <sup>5</sup> **Association for Dental Education in Europe**, Dublin;

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# Review of the Literature on CPD



## Questions

- Evidence of
  - Interactive activities
  - e-learning
  - Peer learning
  - Mentoring and coaching
  - Reflection
- Best practice and impact-on-practice
- Variation across work settings
- CPD choices driven by insight/intelligence
- Qualitative-based models

*Life Long Learning  
sustaining professional and clinical expertise*



# Search Strategy



## Websites of healthcare and non-healthcare organisations

- doctors, nurses, midwives, optometrists, pharmacists, other healthcare professionals, solicitors, engineers
- UK & internationally

## Research Area Experts

- Online survey – 25 responses
- 13 discussions with individuals and groups at IADR 2018, ADEE 2018

## Documentation

15,845 → 874

**Report included data extracted from  
184 documents**



# Interaction in CPD Activities:

**Peer Learning**  
**Mentoring**  
**Reflective Practice**  
**E-learning**



# Interactive CPD activities

- Adult learning principles
- Relevance to practice
- Promote communication & teamwork approach
- Blended approach to learning
- Interactive approach – incentive in choice of CPD
- Sharing best practice
- Inter-professional engagement
- Pastoral support
- Engagement with peers and mentors
- Reflection
- Sharing experiences

## Reflective Approach to identify CPD requirements



Self assessment of needs  
Future activity planning  
Identify gaps in knowledge & skills



# Three themes for today

## 1. **Insight & Intelligence Gathering:**

How do they influence registrants, CPD providers and regulatory bodies

## 2. **Best Practice – Impact on Practice:**

## 3. **No more time serving?**

Move towards qualitative-based CPD policies



# Insight & Intelligence Gathering:

How do they influence registrants, CPD providers and regulatory bodies

# Best Practice: Impact on Practice:

**Argyro Kavadella**

Athens University, Greece



# CPD choices driven by insight and/or intelligence

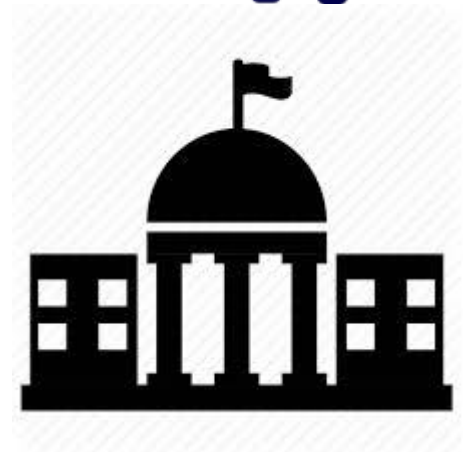
## At an individual level

- informed by self-assessment of learning needs
- value of using a PDP or portfolio to document self-assessment of learning needs, plan CPD activity and reflect on its impact-on-practice



## At an organisational level

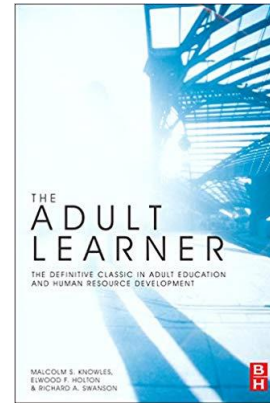
- Areas for improvements informed by audits, significant event analysis, feedback from events and observed shortfalls.
- Policy change and new regulations govern CPD activity required by regulatory bodies





# Best practice

- Based on adult learning principles
  - High relevance to practitioners' work
- Informed by analysis of participants' learning needs
- Combinations of learning approaches
  - e.g. case-based discussions, practical exercises, observation of practice, e-learning, peer learning
- Sustained support
  - online materials, prolonged mentorship, virtual communities or booster sessions
- Evaluation of the activity



# Best practice

‘*Best practice*’ CPD educational activities are multifaceted and an exemplar design requires

- needs assessment
- instructional design, content development (evidence-based) and implementation phases
- assessment methods and evaluation – including impact on the professionals’ behaviour, skills or practice
- may include interactive elements, reflection, feedback, mentoring or other innovative components

CPD courses that are relevant to practitioners’ work settings  
- more likely to motivate attendance and result in practice improvements.



# *Impact of CPD on practice*

- Self-reported changes are commonly used to evaluate the effect of activities.
  - value - if evidence is gathered at three time-points: pre-event, immediately post-event and later.
- Limited number of reports on real impact on patients' health and how CPD leads to change in practice
  - measurement of:
    - number of patients successfully treated after an educational intervention was applied or
    - the clinical data of patients or
    - changes in prescribing patterns.



# *Impact of CPD on practice*

Benefits from CPD that uses a combination of methods, including

- outreach visits and reminders
- those aligned with learning needs of specific relevance to a professional's scope of practice
- personal commitment, enthusiasm and a positive workplace environment can make a difference to the impact of learning.



# Three themes for today

- 1. Insight & Intelligence Gathering:**  
How do they influence registrants,  
CPD providers and regulatory bodies
- 2. Best Practice – Impact on Practice:**
- 3. No more time serving?**  
Move towards qualitative-based CPD  
policies



# No more time serving? Move towards qualitative-based CPD policies

*“The focus on hours and CPD points takes the onus away from reflection and impact on practice”. (Hughes 2005)*

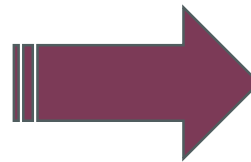
**Jonathan Cowpe**

School of Dentistry, Cardiff University, UK



# Qualitative-based models

A clear transition from quantitative models to outcomes



- Outcome-based models now used in UK by pharmacists, engineers, solicitors. Regulators do not require registrants to amass numbers of CPD hours
- Qualitative aspects include:
  - **Development plans** (PDPs) - including identification of CPD relevant to a registrant's needs and scope of practice
  - **Reflection** on learning, on practice and forward planning
  - **Feedback** from others about their practice
  - Registrant **ownership** of CPD



# Mixed models

Models emphasizing qualitative elements but including quantitative aspects



## Variants

- weighted-point system which gives greater value (more points) to interactive activity (such as peer discussion) over passive approaches (e.g. lectures, reading)
- skills assessment and enhancement:  
use of assessment to guide future learning





# Guidance and quality management



Materials to support CPD processes and record-keeping

- guidance, checklists, case studies, video links, templates, e-portfolios, examples and apps on regulatory body websites or learning portals.

Quality management practices vary

- Mechanisms used to identify registrants who require greater input from peer support, mentoring and workshops
- some regulators 'recognise' organisations/professional bodies as 'CPD providers' and request they follow their code of conduct.



# Qualitative-based model for UK dental professionals



**interaction and feedback**

Motivate registrants to actively pursue meaningful, relevant CPD activities that best match their learning needs, scope of practice and professional aspirations.



# Portfolios



A comprehensive, easy to navigate online portfolio should enable registrants to populate it with required information relevant to their CPD.

- Owned by registrant but they should feel comfortable with the regulatory body accessing their reflective records and evidence of quality educational activities as part of a random audit of dental registrants' CPD.
- Makes annual review of a registrant's CPD more robust and meaningful.
- Constructive feedback and support where required should be provided by the regulatory body following a random audit process.



# Discussion session



- **The evidence collected from this CPD literature review, and established views on CPD development, suggests that a future portfolio model should be considered, comprising the following components:**
  - **Professionals maintain a portfolio centred in a personal development plan (PDP)**
    - **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**



# Discussion session



## Portfolio-based model for dental CPD

- **Professionals maintain a portfolio centred in a personal development plan (PDP)**
  - 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**

Q1. What are your views on the components listed here? Is there anything you would add or remove?

Q2. How might professionals be motivated to adopt a portfolio approach now, and effectively take personal responsibility for their own lifelong learning and development?

Q3. What are the roles of the following in making this happen?

the professions,  
the regulatory body,  
the employers



# Discussion session



## Recommended or Mandatory Topics:

Q4. Do you think recommended/mandatory topics have a positive or negative role in planning and CPD selection?

Q5. To what extent do you agree that using a portfolio will negate the need for recommended/mandatory topics?

Q6. How can the CPD choices professionals make be better informed?

Q7. Do you have any suggestions about which organisations should be providing this information?



# Discussion session



## Reflection and Impact on Practice:

Q8. How can dental professionals be encouraged to do more reflection?

Q9. 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?

Q10. How can evidence of the impact on clinical and professional practice be best measured



# In conclusion

- Not an easy task for a regulatory body to base its CPD requirements on qualitative elements; quantitative ones easy to measure
- ‘Higher order thinking’ CPD activities exist in the most recent CPD models.
- A new approach to CPD should acknowledge that individuals should be responsible for their own professional development and undertake education that is relevant to their individual needs (not just ‘a means to an end’).
- Regulators should support registrants, by offering guidance and educational tools and engage with them.
- CPD
  - underpins Life Long Learning
  - to remain on register
  - increase its value





# Life Long Learning

## sustaining professional and clinical expertise

- Graduation – springboard to a career of LLL
- CPD underpins LLL – needs to be valued by registrants, regulatory bodies and the public
- Sustaining clinical and professional expertise
- High standard of patient care
  
- Take pride in keeping up-to-date and sharing experience with peers and regulators





**General  
Dental  
Council**

protecting patients,  
regulating the dental team

# **Developing a model of lifelong learning for dental professionals**

**Jessica Rothnie  
Policy Manager  
ADEE August 2019**

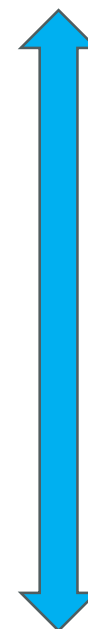


# Background- GDC registers

**April 2019: 112232 registrants**

Registration Type	Count
Dentist	<b>41067</b>
Dental therapist	3379
Dental hygienist	7335
Clinical dental technician	368
Orthodontic therapist	644
Dental technician	5938
Dental nurse	<b>59014</b>

**Dental  
Care  
Profession  
als**



**Wide ranging  
responsibilities  
and  
qualifications**

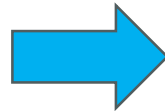


## CPD for dental professionals – the story so far

### CPD scheme

2008-2017

- Hours requirement
- Recognition of quality  
CPD “verifiable” vs  
“non verifiable”
- Recognition of variety  
of CPD activities



### Enhanced CPD Scheme

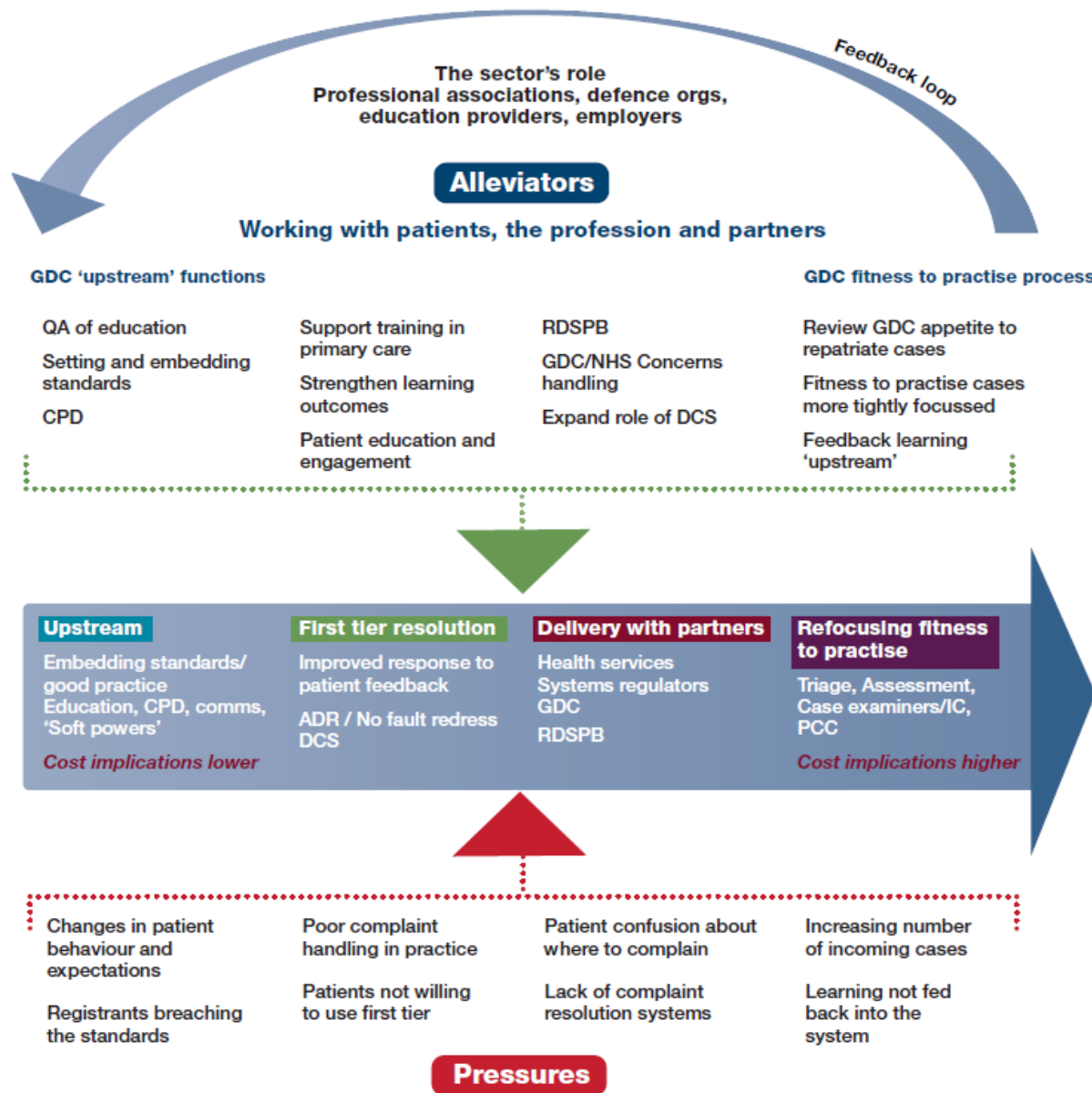
Commenced 2018

- Personal development plan
- Continuous hours
- More scrutiny over quality-  
what constitutes  
“verifiable”
- Various activities  
encouraged & recognised  
but not enforced

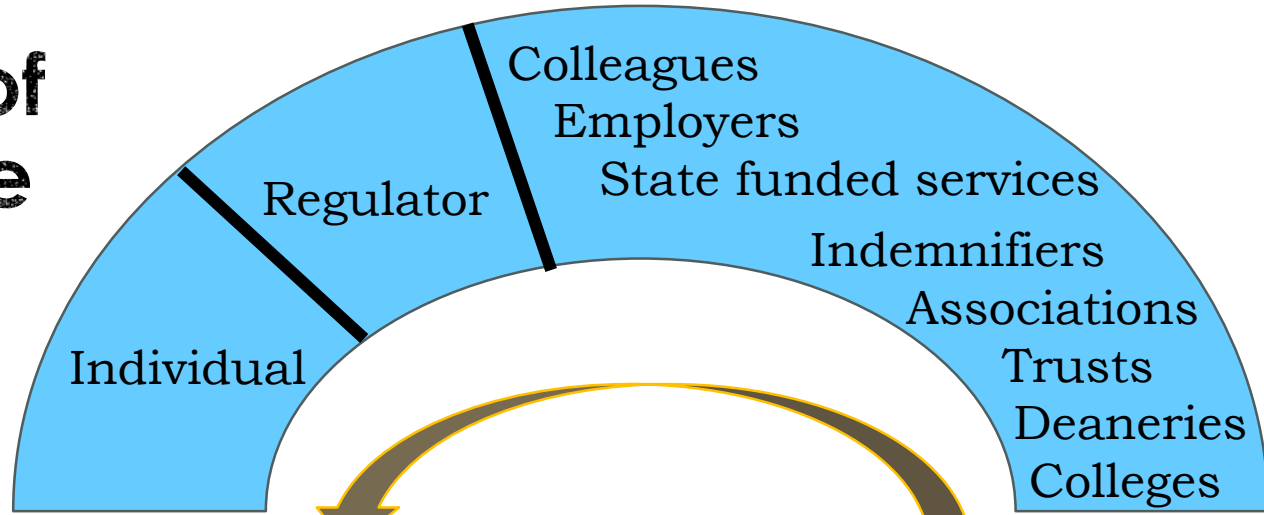


# “Shifting the balance” 2017

## The GDC’s agenda for **upstream** regulation



# System of influence



# Professionalism

# Commitment to learning

*Reflection*

Choosing the right learning activities

Supportive structures outside regulatory measures

Underlying scheme centred in professionalism

What does this look like?



# Where to next?

## **ECPD Scheme**

*“Inputs” model*



Regulator checks what ingredients are “put in” to learning and development

- Hours component
- Personal Development Plan (PDP)

## **? Evidence tells us....**

*“Portfolio” model?*

- PDP centred in “field of practice”
- Reflection and reflective practice.
- Active learning.
- Peer and mentor or coach interaction and feedback.
- Linked back to standards



# **Consulting registrants and stakeholders over Summer 2019**

[www.gdc-uk.org/about/what-we-do/consultations](http://www.gdc-uk.org/about/what-we-do/consultations)

Opened: 9 July 2019

Closes: 4 October 2019

*Feedback so far....*

**Jessica Rothnie**  
**Jrothnie@GDC-UK.org**





# Life Long Learning - Special Interest Group Berlin ADEE conference 2019



## *Professionalism & Preparedness-for Practice Rapid Evidence Assessments*

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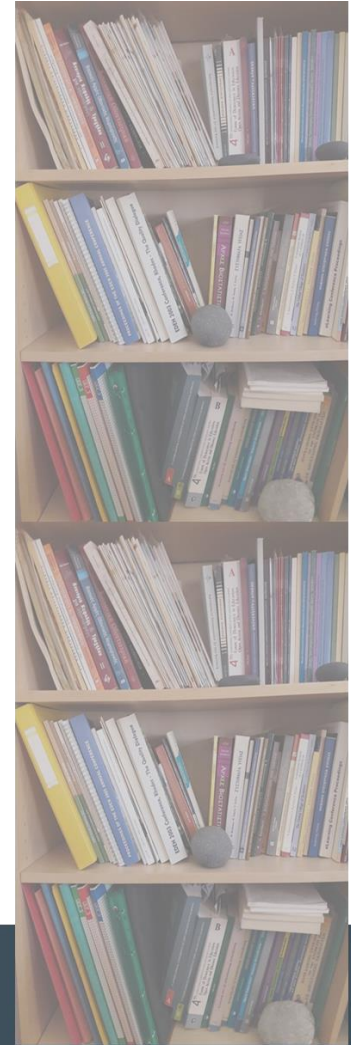


# Professionalism & Preparedness- for Practice



## Questions – Preparedness to Practice

- How well prepared are new graduates for practice at the point of graduation?
  - Clinical experience and competence
  - Broader skills
- Evidence of what works well and the evidence supporting preparedness to practice



# Professionalism & Preparedness- for Practice



## Questions – Professionalism

- Explore and seek consensus on what ‘professionalism’ means to:
  - Dental professionals
  - The public

Where  
are  
the GAPS?



# Professionalism & Preparedness- for Practice



## Methodology

### Preparedness-for Practice

Stage 1 issue scoping

Stage 2 REA

Stage 3 co-production activity

### Professionalism

Stage 1 scoping interviews

Stage 2.1 REA

Stage 2.2 Focus Groups

Stage 2.3 Delphi study

Stage 3 co-production activity



# **Professionalism Preparedness For Practice**

**Questions ???  
Pre-Delphi and scoping  
interviews**



# P4P questions

1. List five learning outcomes which new dental graduates may struggle to achieve
  - i. is this an effective starting point from which to practice safely
2. what factors contribute to variance in preparedness-for-practice
  - i. are there are specific skills, tasks or knowledge that graduates are achieving or lacking and the evidence to demonstrate this
3. what is the potential impact on both patients and the profession, of graduates being inadequately prepared for practice
4. Suggest where there is evidence (from dentistry or other healthcare professions) of ways that preparedness-for-practice has been defined, addressed and evaluated.



# Professionalism

1. How do you define professionalism
2. Suggest five aspects of professionalism the public expects from dental professionals (what causes a patient to lose trust
  - i. why these are perceived as important
3. Are these the aspects of professionalism
  - i. moral, clinical, personal behavioural; in work, outside work
4. Are the expectations of professionalism different in dentistry compared to other professions or between dental professionals
5. How does teaching of professionalism in your undergraduate curriculum prepares students to meet professionalism expectations How is this is evidenced.



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## *The end of CPD as we know it? Welcome changes ahead?*

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**If required**



# Interactive

**Major incentive  
in choice of CPD  
activities**



**Complemented by  
web based learning  
mentoring**

Adult learning  
principles

Relevance to practice  
Workplace training

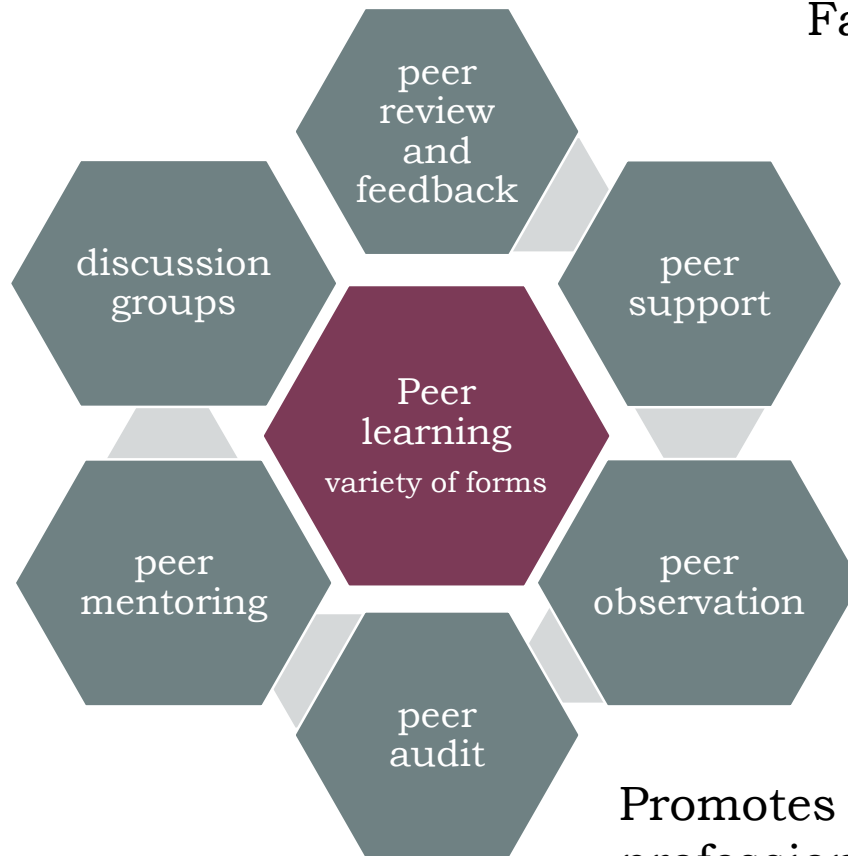
Enhances  
confidence, skills

Develops  
communication,  
team-working

Mixture  
Multiple/repeated  
better than  
isolated one-offs



# Peer Learning



Facilitates sharing best practice

- valuable to lone practitioner
- peer facilitators

Supports reflective practice

- pastoral support

Promotes interaction & understanding across professionals

- Interprofessional, inter-practice comms, learning and engagement



# Mentoring and Coaching

Variety of forms:  
by seniors, peers,  
online

Over a sustained  
time period



Need to define roles  
& responsibilities

More experienced is  
preferable

Mix with other  
interactive methods

Facilitates the sharing of  
experience and reflection,  
through:  
interaction & feedback



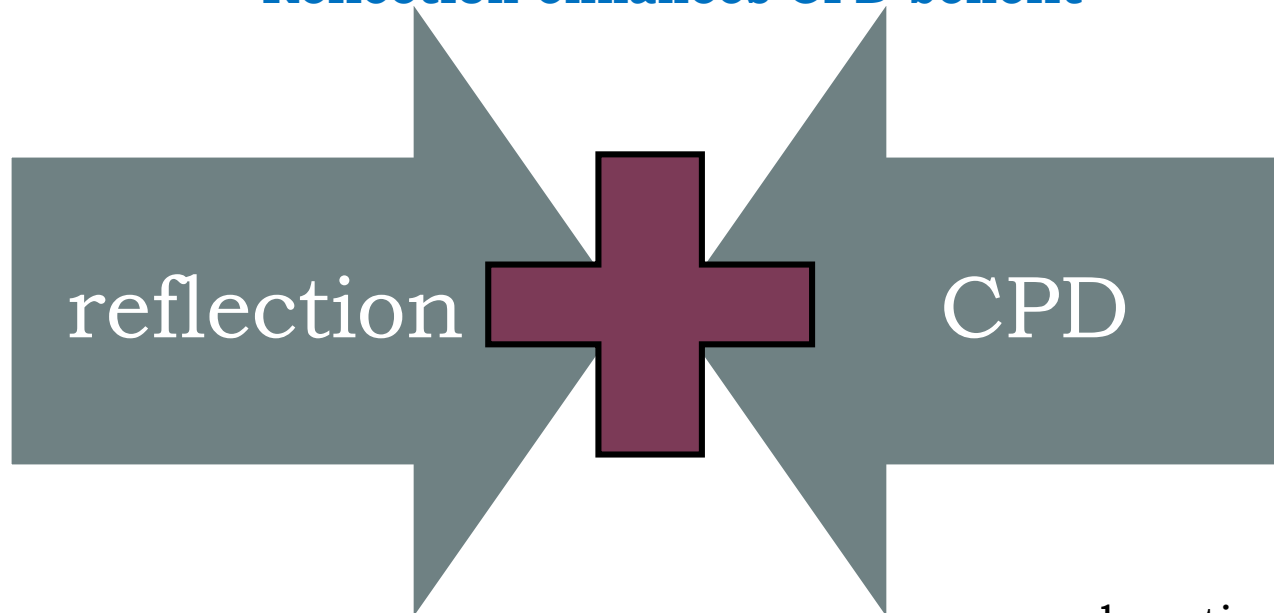
Promotes:

- Self-assessment
- Future activity planning
- Identify gaps



# Reflection and Reflective Activities

Reflection enhances CPD benefit



prominent in new CPD schemes  
- health & non-health sectors

education on 'how  
to reflect'

Portfolios: record learning experiences  
and promote reflection



# Four themes for today

## 1. Interaction in CPD Activities:

Peer Learning

Mentoring

Reflective Practice

## 2. E-Learning:

Innovative Developments in Continuing Education

## 3. Insight & Intelligence Gathering:

How do they influence registrants, CPD providers and regulatory bodies

## 4. No more time serving?

Move towards qualitative-based CPD policies



# Interaction in CPD Activities:

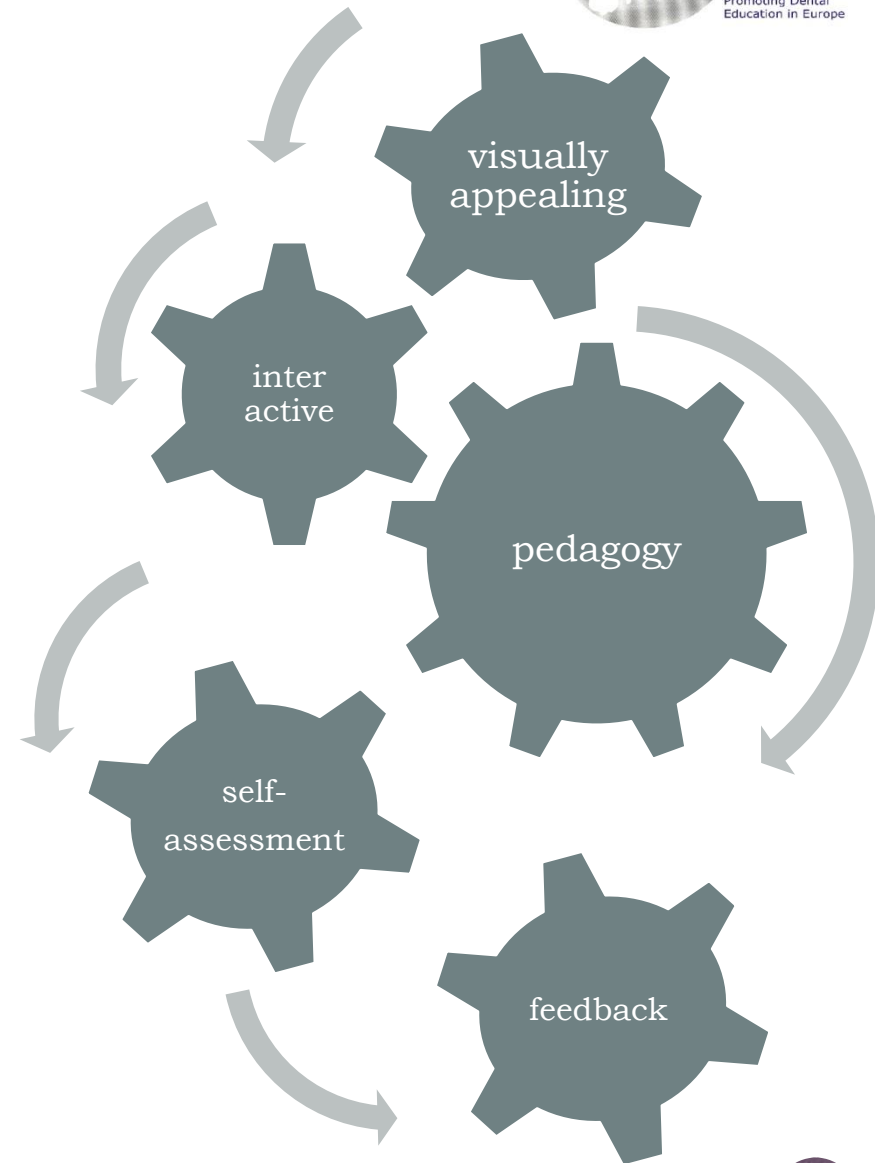
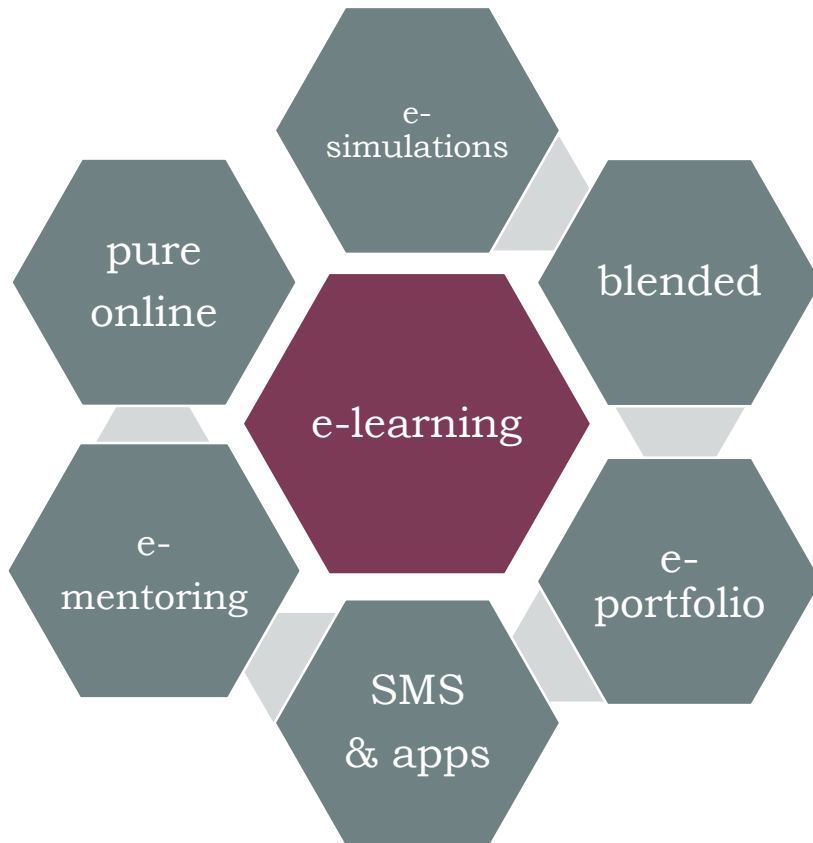
## E-Learning: Innovative Developments in Continuing Education

**Argyro Kavadella**

School of Dentistry, Athens University, Greece



# e-learning





# e-learning



## E-learning development

- **Team of experts** in developing the e-learning educational environment (academics, IT specialists, content experts, educationalists etc)
- **Blended learning:** online learning+ f2f tutorials + workshops/ hands-on/clinical training/ongoing reminders → positive outcomes
  - Appropriateness of this approach for interprofessional learning, specifically in community-based and hospital settings

## E-mentoring

- **Benefits:** remote access to mentors + freedom over frequency and timing of contact
- **Disadvantages:** lack of direct observational opportunities and problems with technology

## E-simulation

- authentic situations
- opportunities for interaction, reflection and feedback
- offers advantages in the education of non-technical skills: communication, cultural or behavioural competencies



# e-learning: examples



## Blended learning CPD programme in dentistry

**‘Master Online Periodontology and Implant Therapy’**  
offered by the University of Freiburg’s Dental School

- **12 modules**
- The online phase reflects a **virtual classroom**: learners present their own patient cases and discuss them with the tele-tutors and peers
  - Modules present the learning material in a **sequential process**: lectures, videos of periodontal surgery, interactive PowerPoint presentations, pdf articles and 3D animations
  - **Self-assessment** opportunities
  - Tutoring by **certified tele-tutors** throughout the online phase
- The online phase is followed by the **attendance phase**: dentists perform surgical operations on patients
- Results of the 7-year operation of the programme: **positive outcomes**, both in relation to skills acquisition and the blended methodology

*(Ratka-Krueger et al., 2018)*



# e-learning: examples



## e-mentoring CPD

The **Mentored Quality Improvement Impact Program (MQIIP)**: USA

- promoting the **safe use of insulin pens** in hospitals
- includes **web-based resources** (webinars, interactive videos, toolkits)
- expert pharmacists provide **distance mentoring** to inter-professional teams in hospitals

*(Lutz et al., 2016)*

## e-simulation CPD

The **“Case study: Ms Shu Fen Chen”**: Australia

- improving the **cultural competencies** of nurses
- creation of authentic situations
- active participation of the learners, evaluation and reflection

*(Perry et al., 2015)*



# e-learning: innovations



❖ 54 short messages (**SMS**) within 17 days: to Iranian nurses on breast cancer screening *(Alipour et al., 2014)*

❖ **mobile app** on pressure injury education: for UK nurses and allied health professionals *(Rajpaul and Acton (2015))*

❖ “**e-learning spaced education dermoscopy**” module in France: part of a blended learning activity for doctors.

Spaced education = the automated repetition of educational content in the form of questions at specific time intervals. *(Boespflug et al., 2015)*

❖ “**innovative peer-to-peer continuing medical education**”: to family physicians in British Columbia/Canada.

A trained **cohort of ‘champions’** delivered the module in their regions *(Kadlec et al., 2015)*



# Variation across work settings



- **Rural practitioners** have specific CPD needs (e.g. trauma, emergency medicine)
- Access to CPD for isolated practitioners is an issue. Innovative solutions are needed:
  - Web-based +educational outreach activities
  - Team-based and interprofessional education
  - Communities of practice

- **Hospital settings:**

- Workplace learning
- Interprofessional learning

} team collaboration  
peer learning  
real clinical situations  
interactions



! Evidence of improvement in **outcomes for patients** as a result of inter-professional education is **inconclusive** and the effectiveness of CPD shows some **variation** by primary, secondary or community care setting.





*“I don't know what  
**CPD activity** I'm at,  
but for God's sake give  
me **my CPD points**”*

*CPD PARTICIPANT*



# Guidance and tools

The evidence registrants have to submit should be

- easy to complete, user-friendly, not time-consuming and offer an opportunity for self-assessment.
- A dedicated online platform, including CPD tools relevant to the new scheme (e-portfolio, clear instructions, recommendations, exemplar documents) where registrants can easily upload their documentation and pose questions or offer views.
- The tools for a new scheme should include a hi-spec online portfolio
- Guidance on how to address the requirements, if randomly selected as part of the regulatory body's CPD quality management process, should be available online

