Aim: This project aimed to identify the ongoing Continuing Professional Development (CPD) needs of six dentists at the end of Dental Foundation Training (DFT) with Health Education England, Kent, Surrey and Sussex (HEKSS), in relation to the gap between self-perceived and optimum competence levels across a range of learning areas in the DFT curriculum.

Methods: Qualitative Case Study methodology was used. Six dentists were interviewed by the investigator using Repertory Grid-based, semi-structured interviews. Data was analysed using thematic analysis. Results: Dentists perceived that CPD activities were required to develop knowledge, skills, attitudes and behaviour. Other supportive CPD activities were identified to aid this development. Individual circumstances were perceived to either facilitate or impede opportunities for development. Conclusion: A range of CPD activities are required at the end of DFT, including passive learning activities, practical experience, practical courses, exposure to a range of patients and support and guidance from colleagues. Individual circumstances may be barriers to, or opportunities for, securing such CPD activities.

What This Research Adds: The methodology and methods used in this project allowed the exploration of perceptions, specifically self-perceived competence. For example, the Repertory Grid was used as a framework to conduct interviews as it is consistent with gathering data on personal constructs related to performance. This may be a useful method for similar investigations amongst other professional groups.

Abstract

Qualitative Case Study methodology was used for the project, with Repertory Grid-based, semi-structured interviews used as the data collection method. Having requested volunteer participants from the 2016/17 HEKSS DFT cohort, HEKSS Training Programme Directors selected a purposive sample of six dentists from the resulting volunteers. The six participants were interviewed by the investigator ten weeks prior to DFT completion. Interview questions explored:

- Participants’ self-perceived competence with respect to learning areas from the Hard and Soft Tissue Surgery section of the DFT curriculum;
- The dental professionals perceived necessary competences to achieve optimum competence in these areas;
- The specific CPD activities participants perceived were required to achieve optimum competence; and
- How participants could secure these CPD activities.

Figure 1. Relationship between Themes 1-5

What perceived CPD is needed to maximise the competence and confidence of dentists following DFT training in HEKSS?

Figure 2. Recommendations drawn from project findings

Results

Five themes emerged from qualitative thematic analysis of the data:

- Theme 1: Knowledge represented CPD activities perceived to develop knowledge.
- Theme 2: Skill represented CPD activities perceived to develop skill.
- Theme 3: Attitudes and behaviour represented CPD activities perceived to develop attitudes and behaviour.
- Theme 4: Supportive CPD activities represented CPD activities which could support the development of knowledge, skills, attitudes and behaviour.
- Theme 5: Barriers vs opportunities represented the fact that individual circumstances after DFT might facilitate or impede dentists’ progression towards optimum competence.

Discussion

Limitations: The use of Case Study methodology and a small purposive sample size of size dentists meant that project findings were not statistically generalisable, but may have been transferable to other groups of dentists. Interview questions focused on one section of the DFT curriculum only, which may have limited the range of DFT included.

Relationship between themes: A summary of the relationship between themes is depicted in Figure 1. The blue ovals show that CPD activities which develop knowledge, as well as those which develop skill, and those which develop attitudes and behaviour, are necessary in combination to achieve optimum competence. The yellow rectangle shows that supportive CPD activities may reinforce these three areas of development. The green arrows show that opportunities to secure CPD activities facilitate progression towards optimum competence. The red arrows show that barriers to secure CPD activities impede progression towards optimum competence.

Literature related to project findings: A summary of project findings includes:

- Active learning is required to validate and implement knowledge.
- The Experiential Learning Cycle is important in developing skills.
- Planned and needs-led CPD increases the chance of behaviour change.
- Support from colleagues may facilitate development and behaviour change in the clinical environment.
- Barriers to CPD include time, cost, access and working environment.
- Dental Core Training posts may provide opportunities to increase competence.

Conclusions

On the basis of the data collected, the perceived ongoing CPD needs of dentists at the end of DFT with HEKSS, involve a range of activities to develop knowledge, skills, attitudes and behaviour. These include:

- Passive learning activities (such as reading, observation, non-practical courses and e-learning);
- Practical experience;
- Practical courses;
- Exposure to a range of patients; and
- Support and guidance from colleagues (such as supervision, mentorship, feedback and programme).

The individual circumstances of dentists after DFT may act as barriers to, or provide opportunities for, securing such CPD activities.

A summary of recommendations drawn from the project findings is shown in Figure 2.