



Identification of the perceived 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 (HEE KSS)

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Abstract

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 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.

Method: 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.¹ This may be a useful method for similar investigations amongst other professional groups.

Introduction

This project was conducted using qualitative Case Study methodology and semi-structured interviews to identify the perceived ongoing CPD needs of a small group of dentists in Kent, Surrey and Sussex at the end of DFT; their first year of supervised practice post-qualification.

Continuing Professional Development (CPD)

It is well-established as good practice for healthcare professionals to undertake CPD; the process of lifelong learning which enables professionals to keep up-to-date with knowledge and clinical skills, to ensure new techniques and research developments are integrated into patient care.² As part of the regulatory requirements of the General Dental Council (GDC), dentists must undertake and record mandatory CPD hours to maintain their professional registration.³

Dental Foundation Training (DFT)

Dentists who wish to register as NHS performers must undertake and satisfactorily complete a one-year DFT programme after graduation. DFT combines experiential learning in general practice under trainer supervision with at least 30 study days. The curriculum is structured and assessed around a competency framework.⁴ DFT aims to produce a practitioner who can demonstrate competencies appropriate to independent practice.⁴

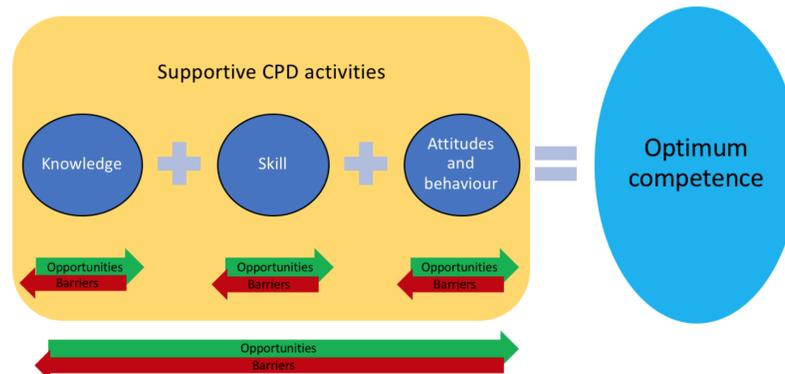
Findings in the literature show that dentists' confidence and competence grows in some, but not all learning areas during DFT.^{5,6} Some dentists may require ongoing training in certain areas after DFT due to a lack of experience and confidence.⁷ Therefore the project addressed the question: *What perceived CPD is needed to maximise the competence and confidence of dentists following DFT completion in HEKSS?*

Methods

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 study 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 development participants perceived necessary to reach 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



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 behaviours.
- **Theme 5: Barriers vs. opportunities** represented the fact that individual circumstances after DFT might facilitate or impede dentists' progression towards optimum competence.

Figure 2. Recommendations drawn from project findings

Individual level	HEKSS	Broader profession
<ul style="list-style-type: none"> • Develop PDP to plan CPD and assess CPD needs. • Ensure CPD is needs-led and covers a range of modes and activities. 	<ul style="list-style-type: none"> • Fund more DCT posts. • Replicating elements of Dental Core Training model which may be useful for training purposes in general practice. • Develop formalised and structured opportunities for learning with the support and guidance of colleagues, e.g. mentorship schemes. • Develop more practical courses and opportunities to gain practical experience, e.g. in simulated learning environments. 	<ul style="list-style-type: none"> • <i>Employers/principals/clinical leads</i> - identify workplace barriers to CPD, and support colleagues with CPD, especially in general practice. • <i>Those running or leading CPD courses or activities</i> - consider barriers and accessibility. • <i>Researchers</i> - further research into simulated learning. • <i>All dental professionals</i> - support colleagues through mentorship, supervision and delivering feedback.

Discussion

Limitations

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

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 (summary points)

- Active learning is required to validate and implement knowledge.⁸
- The Experiential Learning Cycle is important in developing skills.⁹
- Planned and needs-led CPD increases the chance of behaviour change.¹⁰
- Support from colleagues may facilitate development and behaviour change in the clinical environment.¹⁰
- Barriers to CPD include time, cost, access and working environment.^{10,11}
- Dental Core Training posts may provide opportunities to increase confidence.¹²

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 affirmation).

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.

Contact

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