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Title: Professionalism and dental education: in search of a shared understanding

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In brief:

1. Professionalism is often seen as an umbrella term referring to anything that is not a technical skill. Although complex, it is often over simplified and referred to as “soft skills” in many contexts to try and manage this complexity
2. Professionalism affects every individual on the dental register – often unconsciously unless a minimum standard is breached. Educating for and developing professionalism is

a lifelong process that requires careful consideration relating to learning and assessment

3. A mutually agreed understanding may be a pragmatic starting point to enable meaningful conversations across various contexts

Abstract: [200 words max]

Professionalism has profound historical origins, however the current health care environment in the UK Dental Sphere is changing, which presents new professional dilemmas that require continued learning and debate. Professionalism is a key aspect of the teaching of dental students and the lifelong learning and development of dental practitioners. However, 'being' professional can be challenging because while it is recognised as a social good, there is much debate on what professionalism means, and how best it can be learned and assessed. Since 2017, the UK Council for the Dental Teachers of Professionalism (DToP), consisting of educators from UK Dental Schools and Dental Therapy Hygiene institutions, has been exploring and debating the role and place of professionalism as well as sharing challenges and good practice within UK dental education. This opinion piece includes a narrative overview of current thinking in the academic literature on professionalism to consider the use of a shared understanding of professionalism to facilitate conversations between various stakeholders.

Professionalism and dental education: in search of a shared understanding.

What is professionalism in healthcare?

Professionalism has been reported to be medicine's most precious commodity and an extraordinarily complex phenomenon.^{1,2} According to social contract theory, the relationship between society and members of the healthcare professions is based on mutual trust and respect. This bond is built on the assumption that healthcare practitioners will always act in the best interests of the public and the expectation that they will always know and do the 'right' thing.³ Within a dental practice and in the wards and operating theatres of a hospital 'the right thing' may mean many different things to an assortment of individuals at various times. For many it is an umbrella term that confers the idea of anything that is not a technical skill and is

often seen as a complex yet ‘fluffy’ area of education and practice that involves “soft skills”. Indeed, notwithstanding the vast and ever growing literature around this topic, as recently as 2018 Hafferty ⁴ suggested, “*professionalism continues to occupy an enigmatic presence within the medical community*”. ⁴ p535

The underpinning self-regulatory nature of a profession means that any healthcare practitioner must be accountable to society (via their regulatory body) in all aspects of their professionalism or lack of it. ⁵ Fitness to Practise, standards and codes of conduct are elements of all healthcare regulatory bodies including the GMC, GDC, NMC, HCPC. These same regulatory bodies are responsible for the training and education of future entrants into the profession, including all aspects of professionalism.

Within the educational sphere therefore it is essential that “professionalism” is taught, learned and assessed to assure the regulators, and by proxy society, that new graduates comprehend and demonstrate sufficient personal insight and ethico-legal awareness of the social norms and regulatory expectations that determine how and when they should dispense their curative/caring skills. Frustratingly, there is no shared or globally accepted pedagogic approach to teaching, learning and assessment of professionalism. ⁶ DToP aim to provide a centre for excellence in this complex area of practice and education, as well as influence the progression and development of the teaching, learning and assessment of professionalism. Oral Health teaching institutions were invited to provide representatives from Undergraduate and Postgraduate arenas, and links were established with national bodies such as the GDC and DSC (Dental Schools Council). DToP has become a hub for educators involved in leading professionalism programmes to share best practice and role model the imperative professional skill of lifelong learning and continued development.

The aim of this opinion paper is to provide a narrative overview of professionalism in the current UK dentistry context, and culminate in a set of ideas and concepts that stakeholders within dental education can use to facilitate discussion and future work. As is common with narrative literature reviews the following discussion is not exhaustive of all available literature, nevertheless it is indicative of the diverse ways the concept of professionalism is discussed in

healthcare scholarship.⁷ This discussion will provide a shared evidence based starting point when considering regulatory, practice and education requirements so that all parties are ‘talking the same language’. It may also prove useful to those who are not so familiar with the vast and disparate literature in this area as a foundation on which to build.

Concepts and definitions of professionalism.

The term 'professionalism' is used in a multitude of ways to denote a myriad of behaviours, outcomes, attitudes and meaning. It can be described or conceptualised across a variety of diverse areas that often seem unrelated and at times even contradictory. Birden et al⁸ use light as a metaphor to explain this ambiguity;

“As light can be described as either a wave or a particle, so can professionalism be described as either an ethos or as a set of attributes to be mastered”^{8 p57}.

A recent systematic review of literature across Australia, America and the UK contexts found that there was no agreed definition of professionalism in dentistry, and referred to a shared US and European medical concept consisting of 3 principles – those of the primacy of patient welfare, patient autonomy and social justice.⁹ There are numerous other concepts that include a triadic consideration, including those of interpersonal, public and intrapersonal professionalism;¹⁰ professional parameters, behaviours and responsibilities;¹¹ internal individual characteristics and behaviours alongside political, social and economic dimensions;¹² and the 3 contrasting underpinning frameworks or concepts of seeing professionalism as virtue based, behaviour based, or identity formation.¹³

The GMC worked with the Point of Care foundation and the medical schools’ equivalent of DToP to produce 10 recommendations for the education of professionalism, using the 2005 Royal College of Physicians definition, that professionalism is *“a set of values behaviours and relationships that underpin the trust the public has in doctors”*.^{14 pii} Alongside these, another concept of professionalism contributes to the sense of creating a “safe space” for patients and their care.¹⁵ More recently professionalism in dentistry has confirmed that definitions are influenced by cultural norms and develop over time as expectations of practitioners, their

learning and working contexts, technology and societal priorities also change and has been linked more to professional identity formation and practitioner internal motivation, than external sets of observable behaviours. ^{4,12,16,17} Trathen and Gallagher identified the need for a definition of professionalism in dentistry that incorporated financial considerations. ¹⁸ Additionally, in 2014, Newsome & Langley suggested the concept that a professional was ‘someone who did the right thing at the right time even when no one was watching’. ¹⁹

Within dentistry and Oral Health then, professionalism may mean maintaining GDC standards in practice, for example related to handling complaints; an area used in appraisals or patient feedback questionnaires for development and judgement; or it may be used as a measure of regulatory Fitness to Practise (FtP) evaluation. Any dentist or member of the Oral Health Care Team who becomes involved in performance reviews, mentoring, DFT or other educational supervisory capacities, and Fitness to Practise or complaints processes, may benefit from gaining insight into some of the conversations surrounding this complex area of practice; because ‘in short’ professionalism affects every practitioner and member of the team, but often this is unconscious or in a changing and/or ill-defined manner.

Educating for professionalism.

In education, the field of professionalism is vast, and educators are expected to facilitate learning; support and encourage; as well as assess and judge individual learners. We need to do this in a way that is defensible within the rules of Higher Education and which does not inadvertently turn the activity into a meaningless ‘tick box exercise’, that consequently has a detrimental impact on learning. Additionally professionalism issues have been highlighted as lacking in some preparedness for practice literature relating to new graduates, ^{20,21} which suggests that even within the profession we have varying expectations.

The literature on education for professionalism in healthcare includes many learning theories and curriculum approaches, but rarely adopts a dynamic and holistic view. ²² This does not sit comfortably with the more recent views of professionalism and their links to professional identity formation, social learning and reflection on authentic experience. ^{16, 17} When

considering assessment and education, this, alongside the diversity in conceptualising, using and understanding, leads to further complexity and challenges.

By reviewing and combining many of the areas in the above we can develop themes relating to professionalism to be used as conceptual areas for consideration as below. These could help shape and/or inform curricula content and regulatory standards as required.

- Professionalism as a set of learnable behaviours and orientations
- Professionalism as a set of virtues or a way of being
- Professionalism as compliance with the regulator (acting on behalf of society)
- Professionalism as being a good employee in a Practice setting or learner in a Faculty setting
- Professionalism as an approach to work or practice.

These considerations show that some elements of professionalism are ‘acquired’ and therefore are learnable (including elements of the law, the ideas of underpinning ethical pillars, the structure and process of a patient-centred interview, GDC standards, methods of undertaking reflective practice and creating a personal development plan). However, much of learning regarding professionalism happens outside the formal classroom setting, as it is co-created with other learners, with patients and/or with other professionals within a given context and made explicit through the use of reflection.

It is important to reflect on the term profession, which comes from the verb to profess with a strong connotation of declaration and avowal. It represents a promise to help/ to act with competence but also with concern. There are three accepted shared characteristics of a profession, aligned with Paul Starr’s influential narrative in medicine.²³

- Specialised knowledge requiring extensive, specialised university education yielding theoretical knowledge, skills and judgment that ordinary people do not possess, may not wholly comprehend and cannot readily evaluate

- Service orientation and the fact that how well these services are performed can affect the recipient's welfare
- Self-regulation or autonomy and self-governance, throughout the life of a professional from entering the profession (educational system, curriculum), entering practice (credentialing and licensing) and continued practice and self-monitoring (continued professional development).²⁴

The education of professionalism for all professions therefore requires a combination of strategies useful for learning and assessment. These include written reflections with coaching/mentoring style conversations alongside opportunities for self-reflection, personal and self-development activities such as lifelong learning, dealing with uncertainty, balancing care for and of others and self-care. Assessment should embed the use of multi-source feedback with longitudinal and multiple methods of assessment including work-based assessment (WBA). Multiple assessors across various contexts should replace single point of contact and individual judgements, and the identification of low-level negative behaviours (that may indicate unhelpful underpinning attitudes along with the potential for displaying future more serious behavioural issues) need to be recognised. The importance of the hidden curriculum and the institutional approach to patients and students should also be considered fully and managed carefully.^{6, 22, 25, 26, 27, 28, 29, 30, 31}

Studies of developing professionalism and professional identity highlight the importance of positive role modelling and personal reflections. It has been suggested that these are the most effective elements in teaching programmes;³² while hostile conditions in the 'hidden curriculum' (implicit messages from the learning context and experience) have detrimental effects on the development of professionalism.^{4, 33} When students observe unprofessional behaviour among faculty it not only breeds cynicism among students, it also has a negative impact on the explicit education of professionalism by souring the learning environment.³⁴ Developing understanding and enactment of professionalism therefore, should be nurtured through attention being paid to the emotional components of learning, with support for the

reframing of unpredictable and sometimes negative experiences of situated learning in clinical environments.³⁵

There are components or elements of professionalism that could be considered as core, including certain aspects of knowledge, skills, attitudes and values.²⁹ These are set out partially in the previously mentioned healthcare regulators' codes of conduct and standards. The GDC defined core elements are found in their Standards for the Dental Team (2015) and undergraduate learning outcomes (Preparing for Practice, 2015). Each individual will take these building blocks and add more of their own, to create their personalised 'brand' of professionalism. It is important to realise that the building blocks set out in such documents that perceive or relate to professionalism as an independent entity, create artificial boundaries between it and other domains or areas of practice. Although this may be a pragmatic solution when developing curricula or assessment criteria, such over-simplification and 'checklist' approaches do not allow for the complexity that is professionalism. Expressing complex social phenomena through educational goals and learning outcomes creates significant challenges with formats being prescriptive, mechanistic and focused purely on the observation of specific behaviours. So expressing professionalism through learning outcomes risks losing its richness, multi and inter-dimensional nature, as well as overlooking the unobservable and often untested elements, including professional identity development, that make a practitioner a 'professional'.³⁶ As a socially constructed phenomenon professionalism will embed, integrate, adapt and overlap with other skills, attitudes, knowledge etc. within the individual who is 'being' the professional and within the specific context that they are acting.²⁷

We see in all this evidence that 'being professional' is much more than 'not being unprofessional' although in many regulatory scenarios professionalism is used only in the context of Fitness to Practise, which reinforces that this is how it is often defined and described. Furthermore, descriptions of professional behaviours are often focused on more extreme occurrences without the accompanying contextual information. This moves away from the day-to-day components of practise that represent professionalism, and artificially reduces the complexity and nature of this phenomenon, which subsequently limits opportunities for

authentic education and assessment.^{8, 27, 29} Within dental education work has identified some specific core characteristics of professionalism¹² and embedded within this literature is these important ideas of striving for excellence and ongoing development, over and above merely identifying and maintaining minimal standards.

Towards a shared understanding.

A one-size fits all definition may be convenient, but may not be achievable or even desirable given the complexity in understanding professionalism given here. There is a great risk in over simplifying this multifaceted and nuanced idea, thereby underestimating or removing its value, utility and fundamental importance.²⁷ The term professionalism is used however across multiple stakeholders and settings, and an attempt to create a shared understanding may be a pragmatic solution to enable and support dialogue across these various boundaries. The GMC Point of Care Foundation recommendations include advising educators to “*make teaching interprofessional*”¹⁴ and other work shows that the professionalism literature in dentistry is consistent with other health professions internationally⁹ and so the conversations may cross wider boundaries than within the UK and/or dental contexts. DToP ran a workshop at the 2021 Association of Dental Education in Europe (ADEE) annual conference to start to explore these concepts in the international education community in particular in terms of the complexity of assessing professionalism. The outcome from the workshop was a call for international collaboration to support educators in professionalism across Europe tackle their specific challenges based not on a defined assessment recommendation but on highlighting key concepts in assessing professionalism and shared practice that could then serve as the basis of each faculties assessment programme

The General Dental Council recently funded and published work, completed by a team from ADEE. This contains a large amount of in depth information relating to professionalism across multiple areas of practice, and states the following.

- There is no single definition that is useful for education
- Professionalism is multi-faceted and context dependent

- Patients have different views to healthcare professionals (especially around the personal lives of dentists. As patient experience is important and may be more consumer-focussed, such personal behaviours of the dental team members that do not impact on this are less important to them)
- There are three overarching elements to professionalism: clinical competence, underlying principles and professional behaviours
- Finance and the exchange of money for dental services adds a unique dimension to professionalism in dentistry

Both patients and the profession raise concerns on the negative impact of financial pressures.

15, 37

These conceptual definitions and the recent GDC findings all reinforce the importance in professionalism education of embedding its context sensitivity. This enables the multi-faceted, socially constructed nature to be recognised and renders it relevant and meaningful across numerous boundaries, including for example, between UG and PG education and between educators, practicing dental professionals and the regulator.

With such a vast and disparate literature available, and considering the above narrative, DToP propose the following considerations as a pragmatic starting point to provide the foundations for discussion and future work across stakeholders within the profession.

- Recognise that professionalism is a socially constructed, multi-faceted, context dependent phenomenon unique to each individual within a profession
- That it comprises various overlapping areas of influence including:
 - The individual as a person (personal characteristics plus underlying values, ethical outlook & their outward behaviours)
 - The approach to managing day-to-day practise and professional challenges (including the learning & development of clinical competence)
 - The management of the challenging context of finance in healthcare

- Lifelong learning and development of a professional identity throughout an evolving career
- Demonstration of reflective processing
- Embodiment of a culture where learning from mistakes is encouraged
- Demonstrable motivation to excel in all professional standards.
- Recognise the notion of societal contract and trust so that an individual must be trusted to do the right thing at the right time in the right way as they develop toward professional excellence.

In the DToP context of undergraduate (& postgraduate) education we recognise that there may be a lack of exposure to the ‘real world’ where individuals may be protected from the harsh reality of ‘being a dentist’ in today’s society. Within the above considerations therefore, we include elements of lifelong, individualised development along with the ability to ‘step up’ and adapt in difficult or unexpected situations that may be difficult to capture in the educational context. This relates to the earlier pragmatic delineations of being a professional on a day-to-day basis, how professionalism challenges are managed, and recognising and responding appropriately to the minimum standards and boundaries of Fitness to Practise when lapses occur and regulatory standards are breached.

Such shared considerations may benefit dentists, dental care professionals, researchers, the regulator and educators, and ultimately patients and the public, as conversations become more meaningful, and underpinning understandings are shared. Where individuals or groups disagree with these considerations, using them may help identify points of debate or divergence to further the development of this complex and challenging area of practice.

Summary.

This overview of professionalism and suggested areas for consideration may provide a starting point for a pragmatic shared understanding of professionalism for multiple stakeholders and across various contexts within UK dentistry. Using them as a foundation to ground discussion and debate may facilitate development of educational activities and design of learning

outcomes, conversations or consultations with the public or patients when attempting to create a shared definition, and/or designing future work, regulatory or research activities.

With professionalism encompassing so many aspects of the work and life of anyone on the dental register – this shared understanding may help ground and inform numerous ongoing conversations, so that as a profession we can live up to the expectations of the societal contract and trust that we are privileged to enjoy.

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