

Lifelong learning for the modern day clinician

The General Medical Council has a clear requirement for all doctors to 'keep their skills up to date'; this is the essence of lifelong learning. This article identifies qualities of a lifelong learner and discusses the key activities which will help the clinician meet lifelong learning objectives seamlessly within common clinical settings.

Lifelong learning is fundamental to modern day clinical practice; it is a necessity if optimum patient care is to be achieved. Capacity for lifelong learning is cited as a key attribute for doctors by the General Medical Council (GMC) and other health-care regulators throughout the world (General Medical Council, 2006; Australian Medical Council, 2007; Good Medical Practice USA, 2007).

Lifelong learning for doctors and other health-care professionals is being encouraged at the outset of medical training. Lifelong learning is not only a postgraduate requirement for health-care professionals, but also forms the cornerstone of modern day medical school philosophies. In *Tomorrow's Doctors* (General Medical Council, 2003), the GMC states that medical students should be able to:

- Gain, assess, apply and integrate new knowledge and have the ability to adapt to changing circumstances throughout their professional life
- Take part in continuing professional development to make sure that they maintain high levels of clinical competence and knowledge
- Respond constructively to the outcome of appraisal, performance review and assessment.

Practitioners at all levels must be aware of the need for lifelong learning. This article therefore discusses exactly what is meant

by lifelong learning and provides a brief history of its origin. Finally, it focuses on how to integrate lifelong learning into your clinical practice.

What is lifelong learning?

Madewell (2004) defines lifelong learning as:

'A continuation of medical education with an ongoing process of professional development along with self-assessment, which enables physicians to maintain the requisite knowledge, skills, and professional standards.'

It has the following four definitive characteristics (Knapper and Cropley, 2000):

1. It is intentional
2. It has specific goals
3. These goals are the reason why the learning is undertaken
4. The learner intends to retain and use what has been learnt for a considerable amount of time.

The need for lifelong learning stems from the often daunting 'information needs' of the clinician; according to McConaghy (2006), such needs are many and varied. Technological progress along with scientific discoveries can radically change what is regarded as best clinical practice. For this reason, all health-care professionals must be committed to lifelong learning to ensure the patient is able to benefit from such advances. In short, changes to good medical practice must be adopted quickly if doctors are to serve patients appropriately. As such, Madewell (2004) claims that lifelong learning is obligatory for three reasons:

1. It will benefit patients
2. It will give physicians confidence to practice
3. It promotes public confidence in the health-care system.

Given the above benefits of lifelong learning, we might then ask ourselves why many health-care professionals view the practice negatively (Gopee, 2005). Perhaps this indicates a need for more structured

methods for delivering lifelong learning opportunities; the clinician often lacks sufficient motivation to seek out the necessary resources to build on existing knowledge. However, it is often the informal learning opportunities that provide the best and most enjoyable learning experiences. Brookfield (1986) believes that when adults learn in one another's company they find themselves engaging in a challenging, passionate and creative activity:

'Learning – and the creation and alteration of our beliefs, values, actions, relationships and social forms that result from this – is the way in which we realize our humanity'.

Clinicians can be forgiven for their general dislike of increasing layers of administration surrounding clinical practice. The concepts of evidence-based practice, clinical governance, accreditation, re-accreditation, appraisal and revalidation are now commonplace in practitioners' everyday terminology. However, are these terms so frighteningly divorced from the reality of everyday clinical practice? Are practitioners lifelong learners by default, driven by an ability to maintain health care? Or is lifelong learning something that all clinicians must develop? In an attempt to answer these questions, this article will briefly discuss the historical development of lifelong learning and pose questions as to its applicability to daily practice.

The development of lifelong learning

Almost 40 years ago, Faure et al (1972) suggested that the concept of lifelong education could solve a number of problems identified in higher education at that time:

- There was a failure to accommodate postgraduate training needs of the student
- There was a failure to accommodate the needs of industry

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■ There was a lack of response by postgraduate education to industrial and economic changes.

Since then, lifelong education has been the subject of considerable discussion. Following the publication of *Tomorrow's Doctors* by the GMC, Exley and Dennick (1996) recommended a move towards lifelong learning principles in undergraduate and postgraduate medical education. They argued that:

'with rapid changes taking place in medical sciences, doctors of the future need to be able to educate themselves to deal with new conceptual discoveries as well as new clinical skills, treatments and technologies.'

A National Advisory Group for Continuing Education and Lifelong Learning was later formed in the UK, under the chairmanship of Professor Bob Fryer. In it Fryer (1997) said:

'The country needs to develop a new learning culture, a culture of lifelong learning for all. It is essential to help all of its people to meet the challenge they now face as they meet the 21st century'

Subsequent to the publication of the Fryer Report many government and quasi government bodies made reference to 'lifelong learning'. The Fryer Report called for a transformation of culture to achieve 'The Learning Age'. In February 1998, the government endorsed that call

and published a consultation paper *The Learning Age – A Renaissance for a New Britain* (Department for Education and Employment, 1998).

The huge task that faced educationalists in the 20th century was how to make lifelong learning a reality for the majority of the population (Ball, 1998). The task facing medical educationalists for the 21st century is how to engage the medical profession with the belief and concept of lifelong learning and its applicability to daily clinical work.

What makes a lifelong learner: how to do it in practice

Lifelong learning is the ability to keep abreast of developments and changes in professional standards and evidence-based health care. However, it also involves the clinician understanding the skills he/she possesses and how these can be transferred from one situation to another. (*Figure 1* shows a comprehensive list of qualities required of a lifelong learner.) To be lifelong learners, doctors have to rely on methods of learning which may or may not be congruous with those used at undergraduate level; those graduates who had a problem-based learning or self-directed medical education are likely to be better prepared for postgraduate development.

However, postgraduate learning can be difficult and must be considered in the context of caring directly for patients. As

Shaughnessy and Slawson (1999) put it, clinicians must become expert hunters and foragers in order that they pick out relevant new clinical findings from a jungle of available information. Both hospital doctors and GPs have to be clinicians and managers in their daily practice and be able, along with their team, to adapt and react to change.

It is worth noting the importance of audit and peer review as instruments for self improvement; these tools can help reflective practitioners provide the highest standards of care for their patients. In addition, audit and peer review can help the clinician identify personal strengths and weaknesses; this in turn identifies areas for personal improvement.

Discussion

One principle that often supports and encourages lifelong learning is the opportunity of choice and flexibility about what is to be learned. We may choose to learn at work or outside of it – the choice is often ours but are we responsible for our learning and skills development? Lifelong learning recognizes the workplace as a powerful learning environment in which we all can learn either individually or together. In many hospitals and practices, emphasis on learning is the key strategy for managing change and future developments, for both the individual and the organization.

Organizations that support and encourage questioning and exploration of ideas

Figure 1. Qualities of a competent lifelong learner.

To be a competent lifelong learner, a clinician should be:

Highly motivated

Reflective and innovative: keep a reflective diary; read relevant journals for ideas for improving practice

Flexible to changing demands: consider the need for internal or external courses when looking to improve your skills

Resourceful: be aware of available resources for improvement (e.g. hospital library texts, journal databases, peers); set aside some time for personal study

Able to work as a change agent: adapting to the new legislation put forward in the European Working Time Directive

Able to share good practice and knowledge: participation in grand rounds or journal clubs

Adaptable to changing health-care needs and patient expectations; take on board advice from colleagues (junior and senior). Above all always listen to what the patients want.

Challenging and creative in his/her practice: at your annual review consider how you can make positive changes to your working practices

Self reliant in his/her way of working (good managers with appropriate business skills). Self-directed learning prepares the medical student for self-reliance and self-appraisal

Responsible and accountable for his/her work. Encourage peer review of your work; audit can ensure best practice is delivered to patients. All clinicians should be aware of increasing litigation risks

Aware of the need for lifelong learning

and beliefs tend to be dynamic and progressive; a workforce comprising lifelong learners is more likely to be energized, creative and empowered. It should be pointed out, however, that there is a wide variation in access to education across trusts (Scott, 2003). Where a clinician has a paucity of lifelong learning opportunities it would be easy to see why that clinician might develop a negative view of lifelong learning; it is vital therefore that all clinicians are given ample opportunities to learn and develop in the clinical setting.

Lifelong learning builds on what you bring to the workplace as well as recognizing all your skills; the ability to access electronic resources is vital for the execution of efficient lifelong learning (Lim et al, 2006). However, informal learning often contributes most to our personal development. Coupling together the formal and informal learning experiences has been termed horizontal integration; Knapper and Cropley (2000) suggest this is an essential component of lifelong learning.

Doctors and other health-care professionals may feel overwhelmed when adjusting to lifelong learning and the idea of continual change. Such problems can be addressed by more closely linking undergraduate and postgraduate education; this idea is termed vertical integration. The principles of lifelong learning imply that different periods of education should be coordinated with each other.

All doctors have to become lifelong learners and adaptable to change in order to survive and be successful. The changing science of medicine seems to go through a 10-year cycle in which practitioners not only have to become aware of new ideas and developments but also apply them to clinical practice for the wellbeing of their patients. Add this to changes in bureaucracy of management, and it could be argued that doctors who have not developed lifelong learning will struggle both in clinical and management terms.

Indeed, McConaghy (2006) suggests that the information needs of clinicians remain largely unmet. In turn, this is likely to impact on patient care. Doctors should be able to research the medical literature and critically appraise evidence presented

in a clinical context. In turn, they must ask the question: will the clinical evidence benefit my patients?

Many practitioners develop their evidence-based experience, often by thought, reflection and audit of what they do. They become creative and innovative in their clinical practice by sharing their experiences with others who have been through a learning process in the workplace; such examples of team creativity range from simple time management all the way through to major medical advances, e.g. Charnley (1961) described the development of the total hip replacement. Until recently, most people have seen professional development as an unnecessary complexity which involves taking time out to attend formal courses and to learn things we already know and can do. It is either academic and removed from clinical practice, or non-academic and practice based; lifelong learners do not recognize this.

Conclusions

So who are lifelong learners? They are autonomous practitioners who are able to evaluate their own performance and value their own and others' opinions within and without their specialty. They are reflective practitioners who use reflection to guide their clinical care – so do not need to receive academic training about lifelong learning. In a sense, all clinicians are lifelong learners; we should all be aware that, when providing individual care that is supported by evidence-based practice, we are in fact using lifelong learning skills. **BJHM**

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KEY POINTS

- Lifelong learning is fundamental to modern day clinical practice.
- This article defines what is meant by lifelong learning.
- A competent lifelong learner must be a reflective practitioner.
- This article gives details of the qualities needed to be a competent lifelong learner in practice.
- The skills required for lifelong learning are encouraged at the outset of medical education.