

# The importance of life long learning

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## Summary

The concepts of evidence-based practice and clinical governance are slowly becoming commonplace in practitioners' everyday terminology. The concepts of accreditation, re-accreditation and external appraisal and validation loom in the not too distant future. However, are these terms so frighteningly divorced from the reality of standard family practice? Are practitioners life long learners by default, driven by an ability to maintain general health care? Or is life long learning something that practitioners must develop post graduation? In an attempt to answer these questions, this paper briefly discusses the historical development of life long learning and poses questions as to its applicability into daily practice.

*"Life well spent is long"* **Leonardo da Vinci**  
(*SA Fam Pract* 2005;47(1): 5-6)

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 realise our humanity"*<sup>1</sup>.

The term Life Long Learning came into use in the United Kingdom when a National Advisory Group for Continuing Education and Life Long Learning was formed, under the Chairmanship of Professor Bob Fryer. The group worked under the aegis of the Department for Education and Employment (DfEE) and published its report in 1997<sup>2</sup>. In it Fryer states: -

*"The country needs to develop a new learning culture, a culture of Life Long Learning for all. It is essential to help all of its people to meet the challenge they now face as they meet the twenty first century"*.

This is not only applicable to the UK and South Africa but indeed to the world in general.

It was subsequent to the publication

of the Fryer Report that references were made by many Government and quasi - Government bodies to 'Life Long Learning'. The Fryer Report called for a transformation of culture to achieve 'The Learning Age'. The UK Government endorsed that call and published, in February 1998, a consultation paper 'The Learning Age: a Renaissance for a New Britain'<sup>3</sup>.

However, the Fryer Report alone cannot claim to have originated the term 'Life Long Learning'. In 1995 Jean Claude Paye, Secretary General of the OECD, is quoted as saying in "Making Life Long Learning a Reality for All"<sup>4</sup>,

*"Continuing to expand education and training systems that rely upon learning opportunities limited to early life - 'more of the same' - will not suffice as a strategy for meeting today's challenges. Much has been said over the years about Life Long Learning but, in truth, it is still a reality only for a tiny segment of the population"*

The huge task that was facing educationalists in the 20<sup>th</sup> century was how to make life-long learning a reality for the majority of the population<sup>5</sup>. The task facing medical educationalists for the

21<sup>st</sup> century is how to engage the medical fraternity with the belief and concept of life-long learning and its applicability to daily clinical work.

In this article we shall look at the theory behind Life Long Learning as a concept and how it may be applied to professional medical life.

One principle that often supports and encourages Life Long 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? Or should we be made to partake of learning and be subject to measurement for accreditation of Continuing Medical Education, Continuing Professional Development and possible re-accreditation? Life Long Learning recognises the workplace as a powerful learning environment in which 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 organisation.

Doctors and other health care professionals may feel overwhelmed when adjusting to Life Long Learning and the

idea of continual change, but organisations that encourage and support questioning and exploration of ideas and beliefs tend to be dynamic and progressive. Just as the professions are constantly changing, those working within these areas need to be able to adapt to changes and prepare themselves for the additional roles that will be demanded of them.

All doctors have had to become Life Long Learners and adaptable to change in order to survive and be successful. The changing science of medicine seems to go through a ten year cycle in which practitioners not only have to become aware of new ideas and developments but also apply them to clinical practice for their patients. Add to this the changes in bureaucracy of management, and it could be argued that doctors who have not developed Life Long Learning have struggled with the consequences both in clinical and managerial terms.

Both Hospital and Family Doctors have to be clinicians and managers in their daily practice and be able, along with their team, to adapt and react to change.

They should be: -

- Innovative in their practice
- Flexible to changing demand
- Resourceful in their methods of working
- Able to work as change agents - New regulations and policies
- Able to share good practice and knowledge - Peer review and audit
- Adaptable to changing health care needs and patient expectations
- Challenging and creative in their practice
- Self-reliant in their way of working - Good managers with appropriate business skills
- Responsible and accountable for their work - Audit - Professional self-regulation

Life Long Learning is the ability to keep abreast of developments, changes in professional standards and evidence-based health care. However, it also includes understanding the skills possessed and how these can be transferred from one situation to another.

Life Long Learning builds on what you bring to the workplace as well as recognizing all your skills, regardless of where acquired! This informal learning can and does contribute significantly to

our working lives. Ball (1998)<sup>5</sup> states that learning is not only life long but is very often informal,

*“much of what we learn – and value most highly – is achieved without teachers and outside the formal system of education and training. Our grasp of our mother tongue, the skill of lovers, parents or chairpersons, the street credibility of the ‘street wise’, teamwork, tolerance, compassion, courage are not primarily learned in the classroom”.*

How true are these statements for the modern day clinician? Many practitioners develop their own evidence-based experience - often by thought, reflection and audit of what they do. They become creative and innovative in their clinical practice and by sharing their experiences with others who have been through a learning process in the workplace.

Until recently, most people have seen professional development as an unnecessary complexity which involves taking time 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 practical-based. Life Long Learning does not recognize this divide. It is the learning that counts, not how or when it happens.

How does Life Long Learning affect the quality of care? Until recently many organisations have been more concerned with “balancing the books” than patient care but there have been moves to redress this imbalance, by improving the quality of care through clinical governance<sup>6</sup>.

A major feature of clinical governance is ensuring that clinical practice, managerial experience/excellence and education are based on evidence-based practice. It combines clinical expertise and the best available external evidence for systematic research and attempts to address the variable nature of provision in our health service.

Then who are Life Long Learners?

Autonomous practitioners who are able to evaluate their own performance and value theirs and others’ opinions within and without their speciality. They are reflective practitioners who can think for themselves! Many clinicians are already reflective practitioners who use reflection to guide their clinical care. So, they do not need to receive academic training about Life Long Learning. However, they do need to recognise that,

when providing individual care that is supported by evidence-based practice, they are using Life Long Learning skills. Life Long Learning skills are engaged when:

- Professional development programmes are chosen that build on what participants know or can do.
- Ideas are shared and discussed between other health care professionals.
- Perspectives from within and beyond one’s own professional boundaries are used to inform practice
- Reflection and evaluation is built into the process that informs personal and professional development.

Audit and peer review with personal development planning are the tools by which reflective practitioners provide the highest standards of care for their patients and create an ethos of learning within their practices for the whole medical team.

Life Long Learning should result in a raising of standards of care; a more energised workforce that is creative and empowered.✚

#### Points to Ponder

- **Life Long Learning is a real concept**
- **Life Long Learning is applicable to both undergraduate and postgraduate learning situations.**
- **Life Long Learning is interchangeable with issues of Continuing Medical Education and Continuing Professional Development.**
- **When applied to practice Life Long Learning, has a measurable outcome.**

#### References

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