

Continuing Professional Development

A Guide for Therapists

Auldeen Alsop

MPhil, BA, DipCOT, MHSM

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Science

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Foreword

‘Lifelong learning is a continuous development process which can be said to belong to an individual’

(Teare *et al.*, 1998).

Successive governments have made lifelong learning a major policy objective, and there have been many studies of the subject. But at the same time that the government is introducing the concept of lifelong learning to health and social care practitioners, it also has to ensure that statutory obligations to the patient are fulfilled. In May 1996 the General Medical Council stated:

‘We are committed to a system of medical revelation which is open and accountable and to developing procedures and processes that are effective, fair, objective, transparent and free from discriminations’.

Practitioners have to be aware that the government expects individuals to be responsible for the quality of their own clinical practice. Auldeen Alsop’s timely book deals with the link between lifelong learning and ensuring that practitioners are equipped to operate in a safe and professional manner.

Health care practitioners often have to grapple with a balance between theory and practice. This book unpicks some of the commonly-used theoretical phrases such as criteria of competence and portfolio generation, and applies them to practice in a wide variety of settings. Within a busy practice environment it enables practitioners to formulate a way in which they can ensure that they both keep up to date and continue to enhance their skills and gain qualifications in ways which are flexible and appropriate to their learning skills and lifestyles.

Auldeen Alsop has provided a comprehensive book on continuing professional development which all practitioners will find of benefit, whether they just choose to read one or two chapters or whether they look further into the background and mechanisms of continuing professional development. Each chapter concludes with a set of references for further reading and with practical suggestions to ensure that development is reflected upon and achievements noted.

Auldeen indicates that this book is designed to help any practitioner along the

professional journey, and hopes that it will help many to realise their dreams: I am confident that it will.

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Reference

Teare, R., Davies, D. & Sandelands, E. (1998) *The Virtual University in Action: Paradigm and Process for Workplace Learning*. London, Cassells.

Preface

In our journey through life from birth to old age we engage constantly in different learning experiences that together equip us to look after ourselves, to engage effectively in society and to cope with the changing circumstances around us. These lifelong learning experiences provide us with insights about ourselves and others, help us to develop a store of knowledge and skills to draw on when needed, and assist us to prepare for and manage the challenges associated with different life stages.

This book is primarily concerned with challenges between studenthood and retirement. It relates most particularly to learning and continuing professional development during a health professional's career after initial professional qualification. The key issue is continuing professional development for the purpose of competence maintenance, although competence enhancement and competence development feature widely. Currently, continuing professional development is a voluntary activity that should benefit the individual undertaking it, the organisation in which he or she works and, above all, the users of the services provided. The ongoing engagement of practitioners in learning and professional development also provides an assurance to the public of continued professional competence.

There was a view, confirmed by JM Consulting (1996), that measures more stringent than those provided under the Professions Supplementary to Medicine Act 1960 were needed to ensure protection of the public. A framework was needed within which each state registered practitioner should take steps to maintain competence to practise in his or her profession. This would entail each individual taking responsibility for his or her ongoing learning and for being able to provide the evidence that steps were being taken to update knowledge and skills and thus to maintain competence to practise. Under the new Health Act 1999 there is provision for the assessment of this continued competence and for steps to be taken where there is concern about the adequacy of a professional's competence in professional practice.

Everyone involved in health and social care provision is well aware that the practice world is constantly changing. We live in an environment where dynamic sociological, political and economic factors have a major impact on what we do. As they change, so practice changes. We have to stay in tune with the nature of practice and its wider environment in order to understand health care provision,

the direction that it is taking and the consequences for ourselves as health care professionals.

One of the more recent changes proposed in the Government's White Paper, *The New NHS: modern, dependable* (1997), is the concept of clinical governance. This concept and its impact will be explored later in the book, but the White Paper clearly stated (p. 59) that the Government will look to individual health professionals to be responsible for the quality of their own clinical practice. Maintaining quality in practice involves keeping up to date with practice and applying the evidence base for practice to the work situation. Taking responsibility for maintaining competence and thus the quality of practice must therefore be built into the route that we take through our professional career. Maintaining competence and striving to improve our professional performance is essential, a non-negotiable aspect of our practice. How we do it is largely up to us.

We chose our profession because of the personal rewards that we anticipated from engaging in the activity associated with it. Professional activity has to be enjoyable for it to be sustained. Learning, developing and growing as a professional person, and in the process of being professional, has to be enjoyable too. Learning is integral to practice, not disassociated from it, but we need to know that it is leading somewhere if it is to be planned and pursued. Learning also has to be ongoing and part of the vision of where we see ourselves on our journey in the future. Knowles (1990, p. 32) cites Jacks (1929) in this respect:

'Earning and living are not two separate departments or operations in life. They are two names for a continuous process looked at from opposite ends . . . Education based on this vision of *continuity* is the outstanding need of our times. Its outlook will be lifelong. It will look upon the industry of civilisation as the great "continuation school" for intelligence and for character, and its object will be, not merely to fit men and women for the specialised vocations they are to follow, but also to animate the vocations themselves with ideals of excellence appropriate to each.'

This was true vision, a dream that lifelong learning within society and for society would be the essence of personal growth 'with ideals of excellence' guiding us in earning, living and learning.

In a short article Karen Jacobs, newly appointed president of the American Occupational Therapy Association, wrote about her dreams (1998). 'Dreams are my vision' she said, 'where I want to end up'. 'A dreamer looks beyond the limits of today to the possibility of tomorrow'. Referring to Pitino & Reynolds (1997) Jacobs suggested that success, not just in dreams but in reality, means building self-esteem, setting demanding goals, always being positive, establishing good habits, mastering the art of communication, learning from role models, thriving on pressure, being persistent, learning from adversity and surviving success. Learning and continuing to develop professionally have to be identified with a vision that not only ensures ongoing competence to practise but also takes us further on the journey through professional life to where *we* want to end up.

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Chapter 1

Continuing Professional Development

Some definitions

Continuing professional development (CPD) is a term commonly used to denote the process of the ongoing education and development of health care professionals, from initial qualifying education and for the duration of professional life, in order to maintain competence to practise and increase professional proficiency and expertise. Many organisations seem to have attempted to define continuing professional development and, although there are slight variations in the definitions, the underlying message is fairly consistent. The Chartered Society of Physiotherapy (CSP) (1996), for example, defined continuing professional development succinctly as:

‘an educational process by which professional people maintain, enhance and broaden professional competence’.

We note particularly the words ‘educational process’ since Eraut (1994) argued that CPD is wider than just *education*. He made the distinction between continuing professional education (CPE) and continuing professional development. Continuing professional education, he maintained, includes formal study programmes, courses or conferences that individuals attend, whereas continuing professional development (CPD) embraces many other activities through which individuals learn and develop their skills and expertise. It includes informal learning and on-the-job learning and can also include forms of both intended and incidental learning, a theme explored later in this book. Nevertheless, all CPD involves learning and in that respect it could be viewed as an educational process.

In an unpublished consultation paper for the Chartered Society of Physiotherapy, Powell (1997) suggested that continuing professional development should provide assurance of competence in practice and be measured in a way that shows a demonstrable impact on health outcomes. This implies that there should be a direct relationship between continuing professional development and the effectiveness of health care. The definition of continuing professional development in the Government’s document *A First Class Service* reinforced

this (Department of Health, 1998, p. 84). It described CPD as 'a process of lifelong learning for all individuals and teams that meets the needs of patients and delivers the health outcomes and health care priorities of the NHS and that enables professionals to expand and fulfil their potential'. Although there currently seems to be little evidence that improved health outcomes are directly associated with professional development, the later document on continuing professional development (Department of Health, 1999) made explicit how this should happen, linking CPD to the clinical governance agenda.

The College of Occupational Therapists (1994) referred to continuing professional development as a career-long process that builds on what the practitioner already knows and prepares him or her for changing roles in service delivery. This definition can be seen as being in tune with the concept of enabling the expansion and fulfilment of potential. It also suggests that it is a mechanism that enables services to meet the needs of their users in a changing health care environment. These definitions can be linked. Service delivery in health care has to be concerned with effectiveness and therefore with beneficial health outcomes for service users. The capacity of practitioners both to maintain competence and to modify what they do in line with changing circumstances is crucial to the process.

The definition of CPD endorsed in *Continuing Professional Development: Quality in the New NHS* (Department of Health, 1999) embraces the concept of lifelong learning for all health professionals as an investment in quality. A more general, but seemingly widely accepted definition of CPD is one coined initially by the construction industry and adopted by the Local Government Management Board (1993) and the Institute of Continuing Professional Development. In its promotional literature the Institute defined CPD as:

'the systematic maintenance, improvement and broadening of knowledge and skill and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner's working life'.

This reiterates the CSP definition with an emphasis on the systematic nature of the process of CPD. It suggests that CPD needs to be planned and structured and should not be left to chance. One further definition offered by the Institute of Continuing Professional Development was:

'a process by which a professional person maintains the quality and relevance of professional services throughout his/her working life'.

Again, this stresses that CPD is a long-term process rather than an end product, but also states that it has a specific purpose directly related to the quality of service provision.

These particular definitions address the personal qualities of the practitioner and also acknowledge both the technical and professional facets of practice that need to be developed. All definitions see continuing professional development as

a long-term process spanning the full period of a professional's career. If we accept that this is so, then we need to pay attention to the process in whatever post we hold and throughout all the changes that we make in employment or our professional career.

So perhaps the dimensions and expectations of continuing professional development can now be summarised as the following:

- A process (rather than a product)
- Lifelong, ongoing throughout professional life
- Systematic
- Embracing formal education and informal learning, including on-the-job learning
- Building on what is known, in order to
 - Assure competence
 - Develop personal qualities
 - Enhance professional and technical skills
 - Maintain, enhance and broaden professional knowledge
 - Expand and help fulfil potential
 - Have a positive impact on health outcomes
 - Maintain quality and relevance of professional services
 - Develop and enhance practice
 - Prepare for changing roles in service delivery

Continuing professional development is thus concerned both with the individual and with the service and with quality of professional performance both currently and in the future. References in some professional literature also expect CPD to lead to improved service quality and value for money. So, linking the various definitions we might conclude that the purpose of CPD is to ensure competent practice that will maximise the potential and the professional performance of the therapist, minimise risk to service users and lead to improvements in service efficiency and effectiveness.

Continuing professional development and the individual

Continuing professional development has to be at the heart of each professional's practice to enable practitioners, not only to remain competent, but also to develop and grow and so to fulfil their potential at all stages of their professional career. CPD can be planned in order to facilitate professional growth or it can emerge through different experiences in professional life. These experiences have to be revisited, reviewed systematically and then translated, through reflection and evaluation, into learning. They can then be stored and drawn upon in current practice or used later to inform future developments. Continuing professional development is thus seen as an individual professional's responsibility and this is often made explicit in a profession's Code of Conduct. Once

qualified, each professional has a duty to maintain a state of competence so that he or she can practise with due regard for public safety and well-being and ensure that cost-effective and up-to-date interventions are used in practice. Quality initiatives (Department of Health, 1998) to support the new NHS stress that health care professionals must be accountable for their own practice, and this includes updating practice in order to maintain professional standards and standards of patient care.

It has been noted that continuing professional development is an ongoing process throughout a professional's career but there is a distinct difference between the responsibilities and the experience of initial professional education and continuing professional education and development. Unlike skills and competent performance that are initially developed through a defined pre-registration qualifying programme, CPD has to be self-initiated and self-directed. Learning must be planned and negotiated personally rather than being structured and assessed by others. Judgements about personal competence formerly undertaken by other people have to be built into professional practice as self-evaluation of a practitioner's own performance. This shift from engaging in a structured programme to devising and implementing a personal learning strategy can be difficult. Many practitioners will not be well-versed in the process of monitoring and evaluating their own performance, setting their own learning agenda and organising their study time. Many degree programmes leading to professional qualifications now enable students to recognise how learning occurs. They encourage student practitioners to develop their learning skills and to become self-directed in the process of learning. Somehow this is not always enough as other responsibilities take priority when the newly qualified practitioner starts work. Managing a workload, managing learning and integrating learning systematically into professional life is not easy. It takes time, self-discipline and good personal organisation. In order to commit to continuing professional development professionals have to see the potential benefits of this activity and then develop the skills to ensure that learning and professional development become integral to practice and not just an adjunct to it.

Personal benefits

Regardless of any statutory requirements for professionals to take steps to remain competent, every professional should see the personal benefits to be gained from engaging in development activity. CPD will only be of real benefit if the learning takes place as a voluntary activity, as part of a process of lifelong learning and as part of a personal commitment to self-development. No amount of legislation on CPD will ever ensure that learning will support competent practice unless the individual him or herself actually wishes to learn. This means that CPD activity needs to be meaningful for an individual if it is to be taken seriously and the benefits to the individual need to be clear and to be valued. There are undoubtedly costs attached, not least in terms of time commitment, so benefits must be identified in order to provide the motivation to pursue relevant

development activity. Continuing professional development can be thought to have many benefits. For example, it

- Encourages a higher standard of personal professional performance
- Demonstrates commitment to best practice
- Demonstrates commitment to service users
- Demonstrates commitment to current and future employers
- Offers increased job satisfaction
- Provides the means to anticipate, plan and prepare for change
- Enhances professional knowledge, skills and status
- Promotes awareness of new developments and concepts
- Expands areas of expertise
- Improves personal efficiency
- Provides a framework for making informed decisions about future professional activity
- Offers the means of improving career prospects and taking on new roles
- Provides opportunity for making new contacts through CPD activity and for developing a network of people with similar skills and interests

Any one of these reasons should provide sufficient grounds for contemplating and engaging in continuing professional development, irrespective of any statutory obligation or framework that formalises the requirements.

Statutory provision

A review by JM Consulting Ltd (1996) of the Professions Supplementary to Medicine Act 1960 highlighted the deficiencies in the legislation, noting particularly the absence of any expectation regarding continuing competence or continuing professional development for those state registered under the Act. Provisions under the Health Act 1999 allow for the monitoring of the education and training of health professionals before and after their admission to practice. In this respect, state registered practitioners wishing to retain their name on the register, and those desiring to re-register after a break in service, are likely to have to demonstrate their continuing competence to practise in their profession.

Although the Health Act 1999 is intended to serve the same main function as the 1960 Act with regard to the protection of the public, the emphasis is on improvement in the quality of health care. Various mechanisms are to be introduced to promote and oversee improvements and to deal with inadequate performance at individual and organisational level. Each professional will thus need to provide evidence of his or her continued competence to practise. Individuals who take a systematic approach to CPD will readily be able to demonstrate the maintenance of their competence as a fundamental requirement of continued state registration. Those who are interested in career advancement or in the development of their expertise can work beyond the basic requirements

to show how their competence is developing in both breadth and depth as preparation for new roles in health care.

Continuing professional development and health care

The Government's clear intention is to improve health care through clinical governance and continuing professional development. The document *Continuing Professional Development: Quality in the New NHS* (Department of Health, 1999) linked CPD to standards of health care and promoted CPD as a shared responsibility between the employing organisation and the individual. It stated that 'continuing professional development should be a partnership between the individual and the organisation, its focus should be on the delivery of high quality NHS services as well as meeting individual career aspirations and learning needs' (p. 4). The document went on to suggest that CPD 'should meet the wider service development needs of the NHS and that employers should value CPD as an integral part of quality improvement' (p. 8). It reconfirmed appraisal as 'the cornerstone' of assessing the CPD needed for each individual and personal development plans (PDPs) as the process through which CPD would be implemented to align with organisational needs (p. 11). CPD plans should not just promote individual learning and development but team learning for practice development.

Of course not all healthcare practitioners will be National Health Service employees. Some may work as private practitioners, others for the independent sector, charitable services or for another public service such as social services. The principles of CPD as outlined in the Department of Health (1999) document could still be seen as underpinning effective practice in whatever organisation health practitioners are employed. The Department of Health (1999, p. 6) noted that organisations accredited as Investors in People would already have PDPs in place for all staff so it seems that this model is one to be promoted. Individuals who take seriously their responsibility and take steps to maintain the knowledge and skills needed for professional practice, wherever they work, will enhance their ability to move between different parts of the service both within the employing organisation and between different employing organisations.

The process of continuing professional development

The process of continuing professional development can take a number of forms dependent on whether the focus for the individual is on personal career development or on maintaining and developing knowledge and skills to underpin competent performance in the current job. It is not that these are necessarily incompatible, but the first will take a broad, longer term and personal view whereas the second will be focused on shorter term needs prompted by performance review and related largely to service provision. The process of CPD is much the same as any other process designed to bring about change and

improvement, for example, the therapeutic process or audit process. The CPD process similarly involves:

- assessing need
- defining the goals
- planning to attain the goals
- implementing the plan
- evaluating the effectiveness of the process
- reviewing need and redefining the plan.

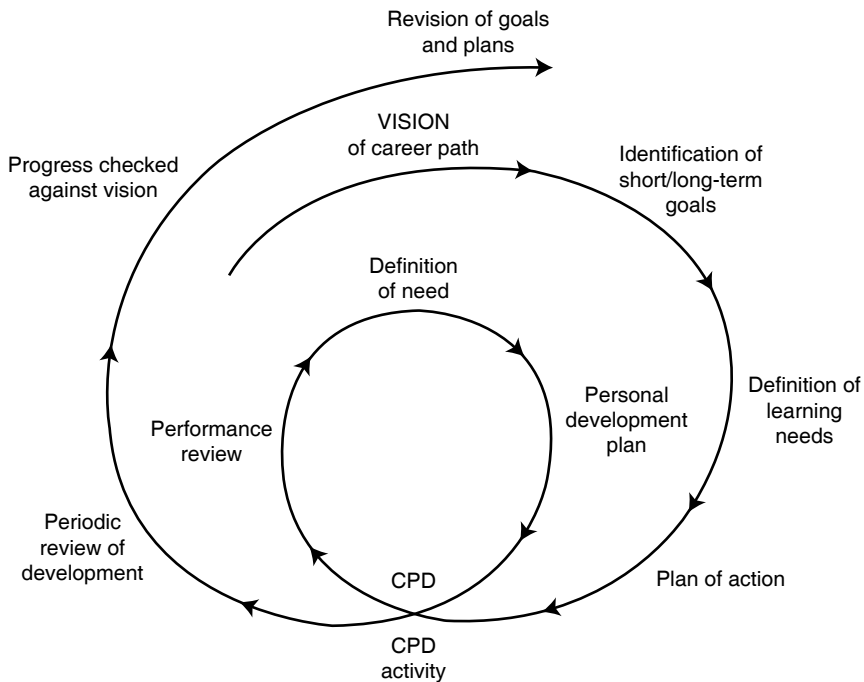


Fig. 1.1 The process of continuing professional development.

These stages are illustrated in the CPD cycle shown in Fig. 1.1. The diagram shows the interrelationship between career development activity (outer cycle) and service-related CPD activity identified in personal development plans (inner cycle). Vision, or a view of the future, is necessary for both, and CPD activity is integrated into both cycles, supporting both sets of plans. At the end of the cycle, it is obviously important to know whether the planned CPD activity was successful in meeting the defined goals and where subsequent effort should be directed. A revised view of needs and goals has to be formed to reflect personal, professional, organisational and environmental changes that have occurred, and plans must be updated to reflect ongoing need. It is a process that should indicate