Continuing Professional Development: Understanding the Fairy Tale

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Andrew is the founding member of CPDme, the product of a professional practice project in 2008, whilst Andrew was studying towards his MSc at Bolton University. Prior to studying his MSc, Andrew graduated with a BSc HONS in Paramedic Practice from the the University of Central Lancashire.

Andrew is very passionate about simplifying and demystifying the myths around continuing professional development and often is invited to speak at conferences and health and social care events across the UK.

Andrew is registered with the Health and Care Professions Council as a Paramedic and works in the NHS for a large ambulance trust. He started out his healthcare career as a volunteer Community First Responder.

Once upon a time in the land of professional health care practitioners lived a very mean and scrupulous baron, who, every so often, would challenge the minions to demonstrate that they were capable and informed professionals.

Those who were able to demonstrate that they had the necessary competencies were given magic beans to swop at market, however, those that could not demonstrate and be accountable for their own practice were sent to the dungeon to play with the dragon.

Continuing Professional Development (CPD) is not a fairy tale; it is a very real and necessary part of your job. It is not a management tool to hit key performance indicators or a governing body quirk to cause unnecessary suffering. In fact it exists to assist professionals in becoming skilled and clued up employees.

CPD is an emerging field in pre-hospital care; succinctly described by the Health Professions Council (HPC, 2006) as '*A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.*' (P.6)

Perhaps an easier way to conceptualise CPD is to think about a brick house, each building block representing a learning experience, which when combined with other learning experiences creates a whole. The secret to CPD is the ability to recognise and demonstrate how each of these blocks of knowledge creates a safe and effective professional, then to stand back and evaluate and reflect upon your work.

Step one of successful CPD is…RECOGNITION, let's take an example:

After reviewing John's clinical performance report, John's boss decides he is useless at cannulation. John's boss is nasty to John and sends him on a cannulation refresher. John isn't happy. John decides he is going off sick. However, whilst on sick leave John cannot help but read up on cannulation techniques and orders a book from the internet. Johns boss isn't happy that John has been off, however John is able to demonstrate on his return a competent based level applied to his cannulation skills. Despite John's reluctance to accept his boss's critique, John was able to recognise a gap in his knowledge that was affecting his performance. John excelled on the course, clever John.

Sibson (2008, p.74) states that CPD should be an activity '*at the discretion of the individual and should be specific to their role and environment.*' CPD is described as '*…the profession's response to the increasing sense of accountability demanded by today's society*' (p. 74). Lawton and Wimpenny (2003) suggest that CPD is the need to '*put one's house in order*', indeed if you imagine CPD as the analogy described previously of a brick house, then you are the master of your own learning experience and builder of your own CPD.

Step two of successful CPD is … RECORDING, let's take an example:

Mary was an excellent Paramedic, however her ability to recall events five minutes after they had occurred was questionable. Lucky for Mary she had learnt on an organisational skills course that she greatly benefited from jotting little notes to herself. Unfortunately, Mary was also very messy and her

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notes appeared all over the flat she shared with four nurses. Mary was unable to identify what the notes meant, when they occurred and why she had written them. Mary was confused. Mary would have benefited further from one place where all her notes could be recorded and stored for easy access. Mary decided to get better at recording.

Indeed Mary better had, the HPC (2006) states that registered health professionals must present a written profile containing evidence of their CPD on request. CPD is assessed against a specific criteria and Sibson (2008) suggests that each health professional should have a Professional Development Portfolio (PDP). Forde *et al.*, (2009) describe such Portfolio as a '*collection of material put together in a meaningful way to demonstrate the practice and learning of a practitioner*'. Mary's messy collection of notes would not meet this description.

**Step three of successful CPD is…REACTION,
 let's take an example:**

Peter came across a problem with a patient's recently prescribed medication. Peter remembered a contraindication on a packet of simvastatin he had read whilst attending a previous job. Peter intrigued decided to look up simvastatin and its applications in the BNF (British National Formulary). Peter remembered that grapefruit was particularly dangerous with this drug. Peter wrestled the grapefruit (the patient's favourite fruit) from their grasp and saved the day. Well done Peter. Peter was able to use his prior knowledge to react to an event and as such share his knowledge with the grapefruit-loving patient.

Sibson (2008, p.75) recognises that the driving force behind any CPD is how '…*the CPD Activity has contributed to your clinical/*

professional practice and has benefited the service user-the patient or carer'. Indeed Armitage (2011) recognises that '…*there is a fundamental need for understanding in order to develop clinical skills and make informed clinical decisions based on underpinning knowledge and clinical reasoning*'. Simplified to '*use it or lose it*' and an understanding that CPD will enhance clinical skill and decisionmaking.

**Step four of successful CPD is… REFLECTION,
let's take an example:**

Jane was seen as a 'hippy type', often seen daydreaming and mumbling to herself. The other crew were concerned about Jane. "However, Jane was not, day dreaming about world domination, tropical islands and days off", but was running through the last job she attended in her head. *What could I have done differently*? Thought Jane. *What would have improved the outcome for this patient*? She mused. *What have I learnt from this experience*? Deliberated Jane. *How was I feeling during the job*? Questioned Jane. *What would I do next time*? Queried Jane. Jane was reflecting on her abilities and skills. Jane was not crazy; Jane was practicing a crucial part of CPD, that being Reflective Practice.

The HPC (2010) cite that the lack of observable reflection in portfolios resulted in a significant figure of submitted portfolios being returned. The difficulty lies with the ability to document reflection, some of which the individual may feel are private to themselves. The HPC does not recommend any one model or template for reflective practice, however templates and models are available and can be used (see. Gibbs (2008).

CPDme

CPDme was formed in 2009 in order to prepare and assist employees

from different professions to keep an online Continuing Professional Development (CPD) log, and to create and expand their personal portfolios in order to help meet the standards set by their governing body, as well as help prepare them for interviews, reviews, and for all future engagements within their developing professions, and for staff new to higher education.

Further Information and References

www.CPDme.com

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