

DEVELOPING CPD IN THE WORKPLACE: THE IMPLEMENTATION OF A REGIONAL SUPPORT STRATEGY

By *Kim Brackley, MSc, MRPharmS, Diane Evans, MSc, DMS, Malini Haria, MSc, MRPharmS, Alison Gifford, MMedSc, MRPharmS, Chris Jobn, MSc, MRPharmS, and Caroline Ashton, DMS, MRPharmS*

In this article, the authors discuss the development and consolidation of a strategy to implement continuing professional development (CPD) within the London region

Continuing professional development is currently a high priority within the profession and the National Health Service. It will play an important part in achieving NHS objectives of improving quality of care. The concept of CPD was first introduced to the NHS in "A first class service"¹ which proposed a culture of lifelong learning in which CPD programmes are used to identify and meet the learning needs of individual health professionals. It defined CPD as "a process of lifelong learning for all individuals and teams which meets the needs of patients, delivers the health outcomes and health care priorities of the NHS, and which enables professionals to expand and fulfil their potential." A later health circular, "Continuing professional development: quality in the new NHS",² added that "CPD should be a partnership between the individual and the organisation; its focus should be the delivery of high quality NHS services as well as meeting individual career aspirations and learning needs" and stated that "by April 2000 the majority of health professional staff should have a personal development plan".

After the introduction of these documents, informal discussions with senior pharmacy staff from primary and secondary care within the then North Thames region in July 1999 revealed that little progress had been made in introducing CPD. There was concern about how organisations would achieve the NHS deadlines. It also became apparent that there were considerable misconceptions and misunderstandings about CPD at all

levels. In response to this, North Thames and South Thames Pharmacy Education and Training teams launched a cross regional strategy to support pharmacy departments in primary and secondary care, to foster a culture of lifelong learning and to implement the requirements of clinical governance. Here, we describe our strategies and experiences of introducing CPD into the workplace.

OUR STRATEGY

Consultation Once the need was established, we consulted widely to develop a strategy to support pharmacy staff. At this time no nationally co-ordinated approaches for implementing CPD existed. Although organisations such as the College of Pharmacy Practice provide a structured framework for professional development for individual pharmacists, we needed a framework and implementation strategy that catered for all staff involved in providing a pharmacy service.

Our first step, therefore, was to set up a CPD working group (jointly between the then North Thames and South Thames regions) that represented a cross section of our service users. The interest in CPD was such that we received over 50 nominations for this group. The working group (comprising 20 pharmacists and technicians from hospital trusts and health authorities) first met in November 1999. A range of strategic objectives and recommendations resulted from this meeting (see Panel).

Implementation and initial support activities The CPD working group strongly believed that facilitation was a key factor in enabling the culture change required to move to reflective practice. Feedback from the Royal Pharmaceutical Society's pilot scheme and a CPD project in Oxford indicated that facilitation was a key element in uptake of CPD by individuals. The implementation strategy was, therefore, focused on training and supporting local facilitators who would then cascade information and take a lead in implementing CPD in their workplace.

CPD working group: objectives and recommendations

STRATEGIC OBJECTIVES

- 1 To increase understanding and awareness of CPD among pharmacy staff
- 1 To facilitate a culture of lifelong learning and reflective practice
- 1 To encourage pharmacy staff to compile and maintain their own portfolio of CPD activity
- 1 To develop a strategy suitable for all staff involved in providing a pharmacy service

RECOMMENDATIONS

- 1 Promote CPD to senior pharmacy managers
- 1 Identify a lead person (facilitator) in each hospital and health authority to promote CPD within their workplace and provide support to their colleagues
- 1 Provide guidance on ways in which CPD can be implemented within the workplace
- 1 Provide training and support for local facilitators
- 1 Develop a training pack and marketing materials for use by the facilitators to train and motivate pharmacy staff
- 1 Pursue funding for new regional posts to support the facilitators in implementing CPD

Ms Brackley is principal pharmacist and Mrs Evans was student pharmacy technician training facilitator at London Pharmacy Education and Training. Ms Haria, Ms Gifford and Mr Jobn are CPD regional co-ordinators and Ms Ashton was a CPD regional co-ordinator, based at London Pharmacy Education and Training. Correspondence to Kim Brackley, Pharmacy Offices, Lower Ground Floor, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH

Training of facilitators In December 1999, the strategy was launched at senior pharmacy managers and health authority advisers meetings, with each organisation given the opportunity to nominate a suitable local facilitator for training. A regional two-day facilitator training course was

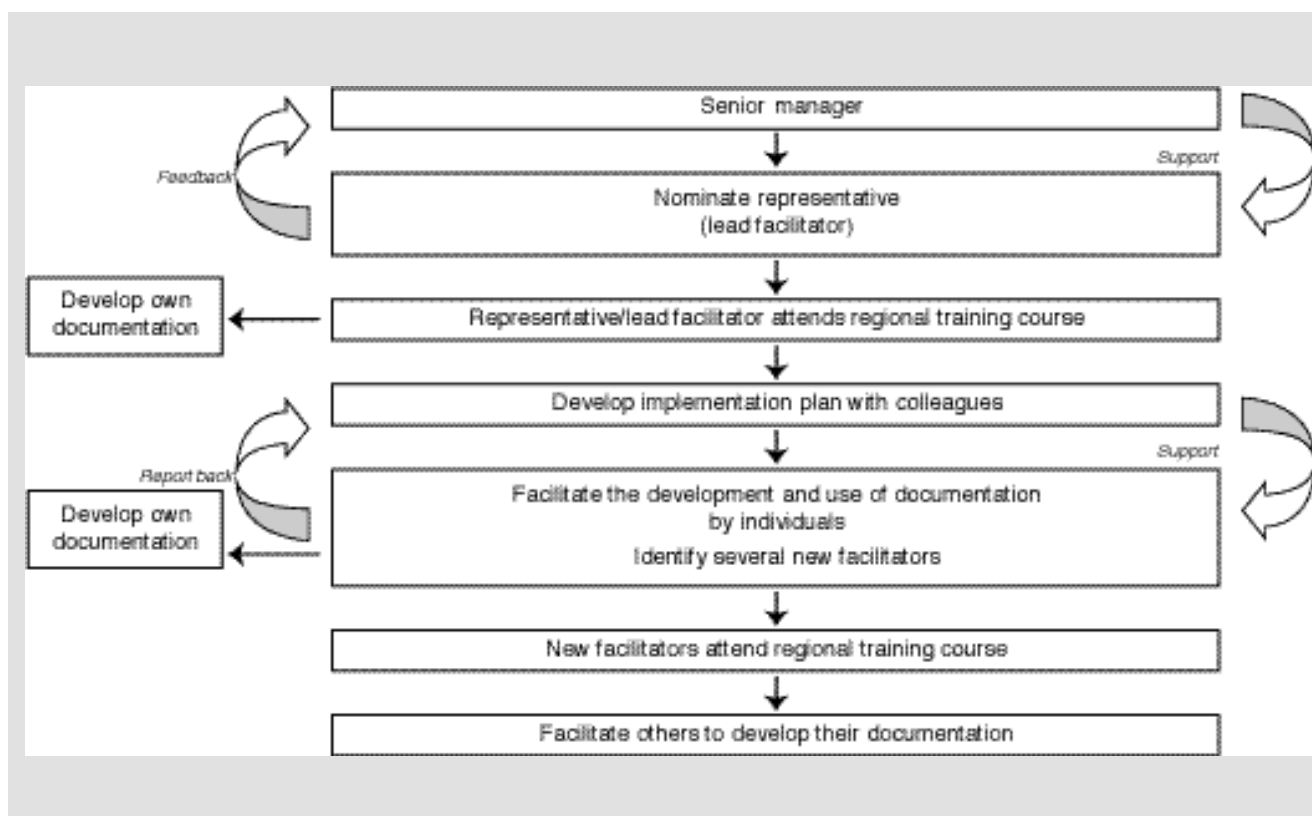


Figure 1: Summary chart of roles and responsibilities

developed to help facilitators to understand the principles of CPD. Between January and June 2000, 107 pharmacists and technicians from 62 of 69 hospital trusts, and 11 of 26 health authorities from both regions attended this facilitator training course, the main elements of which are shown below:

Day 1 Elements of CPD, reflective learning and portfolios.

Work-based practice The opportunity for participants to develop reflective practice and a portfolio.

Day 2 (four weeks later) Evaluation of work-based experience, facilitation skills and planning for implementation in the workplace.

In order to help facilitators and other pharmacy staff develop their reflective skills, we initially encouraged individuals to reflect on “significant events” and to identify their learning and development needs from these events. As the baseline understanding of CPD and reflective practice increased, we broadened our focus within the training to encourage individuals to reflect more holistically on the skills, knowledge and attitudes that they will need in order to do their job more effectively.

Guidance for implementation Guidance for implementation was produced by the CPD working group to assist individual departments in developing a scheme that would meet their local needs. The guidance included information on the likely responsibilities

of facilitators, how to build CPD into existing staff development schemes (eg, appraisals) and available resources, and how the implementation process could be cascaded down through the department (see Figure 1).

Cascade training materials A flexible multimedia CPD training support pack was developed for facilitators to use to help staff understand the main principles of CPD. The pack included speaker’s notes, slides, a PowerPoint presentation and a handout. Use of the pack was demonstrated during facilitator training. Feedback from facilitators has indicated that this pack has been used extensively for local training.

Marketing materials In order to create a branded and easily recognisable image a logo was designed. This logo was used on promotional materials, such as mugs, mouse

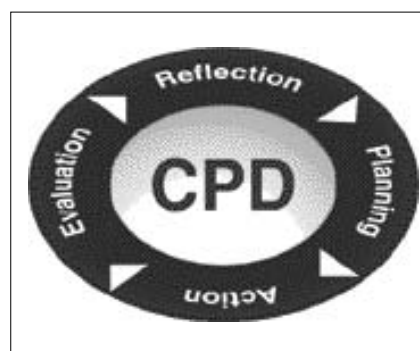


Figure 2: A logo was designed in order to create a branded and easily recognisable image

mats and pens as well as on all training and support materials (see Figure 2).

Portfolio The CPD working group had initially believed that development of a portfolio was unnecessary, since various portfolios were available at the time (eg, College of Pharmacy Practice, Pharmaceutical Society pilot, dietitians’, physicians’, nurses’ and various local trust portfolios). A selection of these portfolios was shown at facilitator training days where it quickly became apparent that there was much anxiety regarding access and suitability of available portfolios for all pharmacy staff. Specific feedback was then sought from the facilitators during training on the desirable and less desirable aspects of each of these portfolios. Their comments were used to develop a CPD portfolio that was suitable for use by all grades of staff (including technicians and assistants). The resulting portfolio has been disseminated electronically and individuals have been encouraged to customise it and use it in whichever way suits their needs. We also liaised with the Royal Pharmaceutical Society on its CPD pilot scheme, so that in the future pharmacists within the region will be able to integrate the portfolios they have started with those required by the Society.

Peer support meetings Regular facilitator meetings were arranged to provide peer support, a forum for sharing good practice and ongoing facilitator training. These are open to all trained facilitators and occur once a quarter. The meetings are designed to give facilitators an opportunity to share

ideas and discuss problems with their colleagues, to network, and to receive ongoing training to develop facilitation and other relevant skills. To date, we have covered various topics, including the stages of behavioural change, how to manage your manager, personal skill analysis, competency frameworks and CPD, and learning organisations.

CPD regional co-ordinators A bid to the lead Education and Training Consortia for pharmacy in the then North Thames region successfully secured funding for a team of part-time CPD regional co-ordinators for one year. Their role was to visit organisations and support local facilitators. They would encourage and motivate facilitators, help them to think through the challenges facing them in implementing CPD within their organisation and assist in the dissemination of good practice. Three part-time CPD regional coordinators were recruited in August 2000.

The challenges In October 2000, during the first CPD meeting for trained facilitators, we took stock of the progress that had been made and the issues that the facilitators were facing in implementing CPD within their workplaces. The following challenges were highlighted:

- 1 There were still considerable misapprehensions among pharmacy staff (particularly senior staff) about what CPD really is and how it differs from continuing education
- 1 There was considerable variation in the support given by senior pharmacy managers to their local facilitators
- 1 Maintaining the motivation, enthusiasm and momentum of facilitators was vital, particularly since most were under considerable time pressures and were dealing with the facilitation role in addition to their normal job
- 1 The development of skills and confidence to facilitate reflective practice was critical if the culture change was to succeed (The facilitators were finding it difficult to encourage reflection and reflective practice in others. We have found that this is one of the hardest aspects of CPD for many individuals to grasp.)
- 1 There were a lack of perceived deadlines (Many facilitators have asked us when CPD is to be implemented by. The April 2000 deadline came and went, and aside from internal clinical governance targets within organisations, there were no other national deadlines to provide motivation.)
- 1 The facilitators believed that there was a lack of clarity about their role (This was often a problem for those who lacked the confidence to facilitate the CPD of others.)
- 1 Many organisations were restricted in their ability to release enough staff for facilitator training
- 1 There was a lack of competencies for individuals to assess themselves against in developing their personal develop-

ment plan (National competencies exist for pharmacists working in primary care or medicines information, but not for other staff groups.)

- 1 There was low involvement of pharmacists working in NHS primary care organisations
- 1 There was a need to train more than one facilitator for larger organisations

Ongoing support activities To address some of the above challenges, various strategies were put into place to provide ongoing support for facilitators. These included:

- 1 The provision of ongoing CPD facilitator training to meet the demand for more facilitators (The original training programme was revised to concentrate more on reflective practice and facilitation; implementation issues were no longer an essential focus and such topics were dropped. This programme has undergone a major review recently and from June 2002 will change again to place even greater emphasis on the development of facilitation skills.)
- 1 The provision of regular CPD meetings to allow trained facilitators an opportunity to network, share experiences, and to identify and address common training and development needs
- 1 The development of a reflective practice training and support pack for facilitators to use when training pharmacy staff locally
- 1 Making available onsite facilitator training to allow large organisations to train sufficient numbers of facilitators to pump prime CPD effectively
- 1 Encouraging facilitators to include senior staff in local training sessions and during planning of local implementation strategies to help dispel misapprehensions
- 1 Encouraging facilitators to record their own CPD to help build their confidence

The successes To date, we have trained 186 facilitators in the London region, Hertfordshire and Essex. Many departments have significant numbers of staff of all grades (from pharmacists to assistants) who have started CPD portfolios. The best uptake appears to be from junior staff (pharmacists and technicians) and from those who are actively seeking a new job.

THE FUTURE

The successful practice of CPD requires a culture change within the profession. We recognise that such a change will take time to occur and that long-term support will be needed to enable it to happen. CPD is important both to the profession and to the NHS and this is again clearly highlighted in the recent document "Working together — learning together".³

Our challenge now is to build on our successes and to identify and help those who are struggling with CPD implementation or those who are making little progress

in encouraging and developing reflective practice, and in helping facilitators to engage all grades of staff. We need to continue to support pharmacy staff in primary and secondary care both in the short and long term and to address some of the emerging issues that we have been unable to resolve (eg, increasing facilitator confidence and the low engagement of CPD in primary care). Providing support to primary care may now be easier with the transition of PCGs to PCTs, and the latter holding responsibility for clinical governance. With more competency frameworks starting to emerge, we also need to help facilitators link these with CPD. To meet these needs, the lead NHS Workforce Development Confederation for pharmacy in the London region has agreed to continue the funding for a CPD regional co-ordinator post for an additional year, which will enable us to maintain the current high level of support for facilitators. The Workforce Development Confederation has also expressed an interest in funding a multi-professional project and recruiting a CPD co-ordinator to build on our work with other professions.

The CPD working group for London continues to meet and has recommended that ongoing support is provided to pharmacy staff in the region. To meet the objectives set by the CPD working group, we are currently preparing a resource pack to support facilitators in assisting pharmacy staff with their individual personal development plans. In addition, we have recently conducted a full evaluation of the attitudes and commitment of individuals to CPD, the uptake and recording of CPD within departments and the value of CPD regional co-ordinators. The results of this evaluation are currently being analysed.

ACKNOWLEDGMENTS London Pharmacy Education and Training would like to acknowledge the support of the North West London NHS Workforce Development Confederation for this strategy.

REFERENCES

1. NHS Executive. A first class service: quality in the new NHS. HSC1998/113. London: The Stationery Office; 1998. Available at <http://www.open.gov.uk/doh/coinh.htm> (accessed 30 April 2002).
2. NHS Executive. Continuing professional development: quality in the new NHS. HSC 1999/154. London: The Stationery Office; 1998. Available at <http://www.open.gov.uk/doh/coinh.htm> (accessed 30 April 2002).
3. Department of Health. Working together — learning together. A framework for lifelong learning for the NHS. London: The Department; 2001. Available at <http://www.doh.gov.uk/lifelong-learning> (accessed 30 April 2002).