POLICY AND SERVICE DELIVERY

Article 990167

The challenge of introducing continuous professional development for paramedics.

John Martin

Bedfordshire and Hertfordshire Ambulance and Paramedic Service
Hammond Road, Bedford
Bedfordshire MK41 0RG, UK

Abstract

Continuous Professional Development (CPD) is defined by the United Kingdom (UK) Health Professions Council (HPC) as:

“...a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.”

Suggested key precepts of CPD are that the individual learner is responsible for their own learning and development; it is based upon and feeds back into practice; employers need to create optimal environments for CPD; and learning and development can be derived from an extremely wide and diverse range of both formal and informal activities.

Paramedics and Emergency Medical Technicians (EMT) must embrace the multitude of activities which contribute to a professional's development. Any activity which follows an outcome based approach to learning, where the individual has reflected on practice and set about identifying an appropriate activity to develop, can be defined as CPD. This implies a move beyond the spoon-feeding culture of training to an educational approach of self-directed learning and requires an attitude change within the ambulance profession.

The outcome of good CPD should be practitioners with increased competence and improved patient care. This is why demonstrating participation in appropriate CPD activities is important for registration and in satisfying the requirements of professional bodies. To meet these requirements the individual needs to keep an accurate record of their CPD.

CPD is an ongoing process of development. The challenge for the individual is to develop the intrinsic motivation required to assess their learning needs, and respond accordingly. The challenge for ambulance managers is to facilitate opportunities for CPD. Fundamentally CPD in ambulance services is about producing improved, competent practitioners to benefit patient care. This is achieved by the practitioner assessing where they are now, following a path to improvement, and recording what has been done.

Keywords

ambulance service; CPD; continuing professional development; emergency medical technician; lifelong learning; paramedic; registration

Discussion

Continuing Professional Development (CPD) is a process by which practitioners use a structured approach to implement relevant continuous development throughout their career.

It is defined by the UK Health Professions Council (HPC) as:

*...a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.*¹

The UK Department of Health (DH) definition is:

*Continuing professional development (CPD) is defined as a process of life-long 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.*²

To summarise, CPD is undertaking a variety of activities throughout one's career to become a more competent practitioner. Indeed, outcome models of CPD suggest that CPD should form the foundational basis of a professional.³

The DH report 'A First Class Service'⁴ suggests that quality within a health service is underpinned by practitioners who undertake CPD.

Good CPD directly relates to patient care, and as such forms a vital part of re-registration as a paramedic.⁵

Important CPD Precepts

To understand CPD and encourage it to work, the ambulance profession should embrace the following key precepts:⁶

- **The individual learner is responsible for their own learning and development**

This could be seen as a challenge for some members of the paramedic profession because, traditionally, the responsibility has fallen with managers and training departments rather than the individual. There is a challenge to empower ourselves with the skills to accept this responsibility.

- **CPD is based upon and feeds back into practice**

It is essential that any CPD undertaken makes for a more competent practitioner, and as such the activities need to focus on the individual's area of practice. CPD undertaken will then directly affect the individual's practice.

- **Employers need to create optimal environments for CPD**

CPD is based upon individual development needs because this is beneficial to the patient. There is a challenge for managers to remove barriers which may stand in the way of a practitioner taking individual responsibility for learning.

- **Learning and development can be derived from an extremely wide and diverse range of both formal and informal activities**

An important precept of CPD is that many activities can result in broad improvements to the entire range of work of a practitioner, not a limited scope of activities created by managers.

What activities constitute CPD?

The HPC has broken the activities into five broad groups in its consultation document.⁷

- **Work-based learning** (e.g. reflective practice, clinical audit, significant event analysis)
- **Professional activity** (e.g. mentoring, expert witness, teaching)
- **Formal / educational** (e.g. courses, involvement in research)
- **Self-directed learning** (e.g. reading journals, updating personal knowledge)
- **Other** (e.g. public service, voluntary work)

The variety of activities listed is extensive, but any activity could potentially constitute a CPD activity. As we all learn differently our choice of CPD activity should take account of different learning preferences.⁸

A variety of CPD activities allows us to break away from the 'sausage factory' approach to learning, where everyone undertakes the same course of training. It allows a program tailored to the individual practitioner. This poses a significant challenge to the UK's traditional route of training rather than education. We need to develop practitioners who can successfully determine, choose, and undertake a variety of learning activities.

Doesn't the ambulance service already participate in CPD?

Without a doubt professional development already goes on within the UK ambulance service to some degree. The majority of ambulance personnel will have attended further courses of study during their career (for example, Advanced Life Support, Pre-hospital Trauma Life Support). Due to the regulations of the current UK technician and paramedic awards they will have also completed refresher training courses since their original qualification.

To be of benefit, however, CPD must feed back into practice. To achieve this it is both goal orientated and structured. It is tailored to the individual and is not prescribed by management.

One example of a structured approach is to identify learning needs, establish learning outcomes, identify learning activities and to record activity.⁹

- ***Identification of learning needs***

Using reflective techniques an area that needs to be developed within each individual's practice can be identified.

- ***Establishment of a number of anticipated learning outcomes***

Before choosing and undertaking an activity we need to establish what we want to achieve to meet our area of deficiency.

- ***Identification of an appropriate learning activity***

Not all activities will be appropriate for every learning outcome. The responsibility of finding a course rests with the practitioner; they must select a suitable activity which will meet or exceed the identified learning outcomes, and an activity which matches their learning preference.

- ***Evaluation and systematic recording of learning activities***

If CPD is to be used to provide evidence of the competence¹⁰ and development of a practitioner, the activity must be recorded. This record should include an evaluation of the activity to show how it has met the learning outcomes.

The identification of learning needs can be done through reflective practice.

Reflective Practice is defined as:

*A process of reviewing an episode of practice to describe, analyse, evaluate and inform learning about practice. In this way, new learning modifies previous perceptions and understanding, and the application of learning to clinical practice influences treatment approaches and outcomes.*¹¹

CPD in practice

Using a structured approach such as this, the challenge of individual responsibility for CPD becomes easier as the process can be worked through systematically.

CASE STUDY 1

Identification of learning needs

As a paramedic you are called to a patient with Alzheimer's disease. Reflecting on your practice you realise that communicating with this patient was difficult and possibly could be improved.

Establishment of a number of anticipated learning outcomes

- (1) To be able to understand Alzheimer's disease in more depth
- (2) To improve communication with patients with Alzheimer's disease

Identification of an appropriate learning activity

- (1) Read information on Alzheimer's disease¹²
- (2) Spend two days in a care centre for patients with Alzheimer's disease to practice communicating with patients, and to learn from experienced professionals

Evaluation and systematic recording of learning activities

All activity should be documented in your portfolio. It would be appropriate to review the information you have read and your experiences at the care centre, and to include documents from its staff outlining your attendance and activities.

CASE STUDY 2

Identification of learning needs

You have reflected on your practice at a trauma call. The patient had a serious head injury and was very combative. You convey the patient to hospital where the patient is sedated and Rapid Sequence Intubation (RSI) is performed to secure his airway. You feel that the availability of this skill at the roadside may be of benefit to the patient.

Establishment of an anticipated learning outcome

To be able to carry out RSI at the roadside.

Identification of an appropriate learning activity

- (1) Undertake an appropriate course in the theory and practice of RSI¹³
- (2) Undertake a placement with an anaesthetist undertaking RSI

Evaluation and systematic recording of learning activities

Documented proof of participation in the course, what you achieved, and written evidence of competence from the anaesthetist should be included in your portfolio to show evidence of CPD.

CPD can be simple as long as it is systematic, goal orientated, and improves the practitioner's ability to practice. The example of developing knowledge and skills in the care of patients with Alzheimer's disease shows a simple change in practice. However, CPD could be used as the basis for making larger changes in practice, such as the example of developing the skills of Rapid Sequence Intubation. This could present a significant challenge for ambulance services in terms of the practice of new competencies. If an autonomous practitioner undertakes CPD and can successfully show they have acquired new skills, should they be allowed to use these to care for their patients? If they are prevented from practising a skill that they show through CPD they are competent to perform, are they providing the best care for their patients? Ambulance service procedure should begin to evolve to take account of a variety of skills acquired by individual practitioners during CPD so that the scope of practice and professional indemnity for the practitioner reflects their knowledge base.

Both case studies show an approach which ensures a structure to CPD that focuses upon changing practice. The process could become cyclic if learning needs are re-evaluated following each CPD activity.

If this cyclic, reflective approach to CPD is followed and recorded it should testify to an individual's competence. This is because the individual is constantly monitoring and reviewing their practice.

The structured, reflective approach to CPD also allows all levels of personnel within ambulance services to participate, as the model centres on the individuals learning needs. It could be used by managers, emergency medical dispatchers, technicians and paramedics equally.

Why CPD?

If CPD is to be embraced, the challenge is to ensure practitioners understand and accept its purpose and benefits.

Professionals who undertake CPD will develop their skills as practitioners. This should offer motivation as the individual can drive the change. Being able to practice in a developing career should provide increased satisfaction for staff.

The outcome of CPD should be increased competency for practitioners and consequently improved patient care. This is why providing evidence of CPD is important to registering and professional bodies, as it offers a documented method of demonstrating development.

The DH suggests the following cyclic approach to CPD which directly links it with improved benefit for patients.¹⁴

- Assessment of individual and organisational need
- Personal Development Plan (PDP) requirements

- Implementation
- Evaluation of effectiveness of CPD intervention and of benefit to patient care.

Recording CPD - Documentation

The final stage of the CPD process is recording the activity. It is accepted that the majority of professional development occurs in day-to-day practice, but to constitute CPD that development needs to be recorded and analysed to demonstrate improvements in the practitioner's competence.

A portfolio is a record of development that analyses and evaluates learning and practice. It constitutes a private collection of evidence, to include reflection from the owner. It can be kept in any format as long as it demonstrates CPD activity. It may be easiest to keep a portfolio in diary format. The British Paramedic Association embraces CPD and offers an online version of a diary portfolio to record CPD activity (see www.britishparamedic.org).

A profile, however, is a public collection of evidence which is produced to meet given criteria for a set purpose. The evidence in the profile will be drawn from the individual's portfolio, and together this will demonstrate CPD.

The profile will be up-to-date, relevant, structured and concise. A profile will be required by registration bodies to provide evidence that the practitioner has undertaken CPD – soon to become a requirement of re-registration for paramedics in the UK.¹⁵

The challenge – 'Beyond spoon feeding'

CPD focuses on the responsibility of the individual. All practitioners need to realise its benefits and to participate in relevant activities. This moves beyond the spoon feeding culture of training to an educational approach of self-directed learning, and requires an attitude change within UK ambulance services. Ambulance service managers need to embrace this model and facilitate CPD opportunities for staff, if they are serious about improving patient care.

It has been recognised that maintaining the skills of paramedics and improving their continuing education currently presents significant challenges.¹⁶ However, if CPD is embraced by practitioners and managers it offers a scheme which will support structured continuing education for the ambulance profession.

Summary

In summary, CPD is an ongoing process of development. The challenge for the individual is to develop the intrinsic motivation required to assess their own learning needs, and to respond accordingly. The challenge for ambulance service managers is to facilitate opportunities for CPD. Fundamentally CPD is about producing improved, competent practitioners to benefit patient care. This is achieved by the practitioner assessing where they are now, following a path to improvement, and recording what has been done.

References

1. Health Professions Council. Continuing Professional Development: Consultation Paper. September 2004. p. 7.
2. Department of Health. A First Class Service: Quality in the new NHS. July 1998. p. 42.
3. Department of Health. Allied Health Professions project: demonstrating competence through continuing professional development. August 2003. p. 15.
4. Department of Health, A First Class Service: Quality in the new NHS. July 1998. p. 47.
5. Health Professions Council. Continuing Professional Development: Key Decisions. July 2005. p. 8.
6. The Chartered Society of Physiotherapy. Continuing Professional Development (CPD) Briefing and Policy Statement. July 2003. p. 2.
7. Health Professions Council. Continuing Professional Development: Consultation Paper, September 2004. p. 17.
8. Department of Health. A First Class Service: Quality in the new NHS. July 1998. p. 45.
9. The chartered Society of Physiotherapy. Framework for the Creation of Successful Systems of CPD in physiotherapy Services. September 2003. p. 4.
10. Department of Health. Allied Health professions project: demonstrating competence through continuing professional development. August 2003. p. 43.
11. The Chartered Society of Physiotherapy. Keeping a portfolio: getting started, July 2000. 2nd Revision 2005. p. 19.
12. Comer RJ. Disorders of Memory and other cognitive functions, Abnormal Psychology, New York, Worth Publishers, 2001. 4th Edition. p. 500-505.
13. Dalton AL, Limmer D, Mistovich JJ, Werman HA. Advanced Medical Life Support: a practical approach to adult medical emergencies, Pearson Education, 2003. 2nd Edition. p. 104-111.
14. Department of Health, Continuing Professional Development: Quality in the new NHS. July 1999. p. 11-12.
15. Health Professions Council, Continuing Professional Development: Key Decisions. July 2005. p. 12.
16. Ambulance Service Association, The future role and education of paramedic ambulance service personnel (emerging concepts). January 2005. p. 2.