



**Continued Professional
Development - Discussion Paper**

Chief Health Professions Office

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Executive Summary

The Chief Health Professions Office (CHPO) conducted a Professional Development (PD) Survey in November 2007 to provide an opportunity for Allied Health and Health Science professionals to provide feedback on their access to and availability of Professional Development.

A strategy to develop and implement attraction and retention initiatives to improve short, medium and long-term supply in areas of evidence workforce shortages is a key objective in the CHPO Operational Plan 2008 - 2009. A Continued Professional Development policy is the action item aligned with this strategy.

The response from the PD survey has helped inform this discussion paper in addition to literature sourced. This discussion paper raises topics such as 'What is Continued Professional Development (CPD)', and 'changing the culture and understanding of CPD'. Before we can argue for CPD or comment on CPD, we have an obligation to truly understand what CPD is and the many variations of it. While we might have our own understanding of CPD and this may or may not align with the concept this discussion paper raises. Raising this discussion is an important aspect in moving towards a fair and consistent policy for CPD. The CHPO is the representative of our professions; it is our duty to create discussion and ensure we cover all aspects of the discussion.

Some further topics covered in this document are the benefits of CPD, legislative requirements, safety and quality, performance development and funding models. These further topics all play an important role in the CPD policy process. Throughout the discussion paper; questions have been raised to provide an opportunity for you to make comment.

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Purpose

The purpose of this Discussion Paper is to provide an opportunity for allied health and health science professionals to provide feedback to the Chief Health Professions Office on the various aspects involved in CPD. Your comments will assist the office in drafting a CPD Policy.

Background

The National Health Workforce Strategic Framework has outlined the problem Australia's health system faces in regards to a sustainable workforce. The Australians' health workforce's main business is to provide an effective and safe level of quality of care to the Australian public. All jurisdictions in Australia face challenges of sustaining a workforce that can deliver equitable, accessible, sustainable, timely and safe health care. Common challenges include changing models of care, the need for continuous improvement and flexibility, and workforce shortages. The Australian Health Ministers and the Australian Ministers' Advisory Council (AHMAC) have prioritised health workforce and the need for a national strategic direction for the long-term future of health workforce in addition to immediate strategies. (National Health Strategic Workforce Framework 2004)

The Allied Health Taskforce 2002 highlighted workforce issues as a problem for Health that needed addressing. Following on from this, the review of Specified Callings identified workforce issues impacting on the twenty-three allied health and health science professions. Around the same time the WA Health Department included workforce in its Operation Plan as one of the six strategic directions in line with the National Framework. (WA Allied Health Taskforce on Workforce Issues 2002)

Identifying workforce as an issue affecting allied health and health science professions led to a series of consultations taking place in 2006 for these professionals. These consultations provided an opportunity for the Health Professions to raise issues and concerns that were evident in their workplace, CPD being one of these issues raised. (Report on the Allied Health and Health Science Professions 2006)

The Chief Health Professions Office (CHPO) was established in February 2007 with workforce issues being identified as a priority for the WA Health Service to ensure a sustainable workforce. CPD is a recurring issue and one the Office feels is an important workforce factor that needs addressing. This Discussion paper is the follow on process from the PD survey 2007.

What is CPD?

We define CPD 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’. (UK’s HPC website)

A definition from the Department of Health UK - ‘Continuing professional development 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’.

‘The UK DH report ‘*A First Class Service*’ 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’. (Martin J. 2006)

Changing the culture and understanding of CPD

CPD and its benefits can mean different things to different people. Historically there has been a culture that CPD is for the benefit of an individual’s personal goals. While this is still an important aspect of the CPD process, it is not the only aspect. CPD is a process by which health professionals are supported to be equipped and up skilled to be able to continue to provide an effective, quality service in a safe manner. The CPD needs of the individual therefore need to be aligned with service needs.

It is vital to ensure there is a broad understanding of the various categories of CPD. CPD is more than just attending a conference or a formal course. A greater understanding of the depth and variety of CPD will allow individuals to assess their CPD opportunities. Below is a list of CPD examples that have been categorised under five broad headings.

A - Work based

For example: Learning by doing, case studies, reflective practice, clinical audit, coaching from others, discussion with colleagues, peer review, gaining and learning from experience, involvement in wider work of employer e.g. representative on a committee, work shadowing, secondments, job rotation, journal club, in-service training, supervision of staff or students, visits to other departments and reporting back, role expansion, analysing significant events, completion of self-assessment questionnaires, project work or project management.

B - Professional

For example: Involvement in a professional body, member of specialist interest group, lecturing/teaching, mentoring, examiner, tutor, branch meetings, organising journal clubs or other specialist groups, maintaining and/or developing specialist skills e.g. musical skills, expert witness, member of other professional bodies/groups, presentation at conferences, organiser of accredited courses, research supervision, national assessor, being promoted.

C - Formal

For example: Courses, further education, undertaking research, attendance at conferences, submission of articles/paper, seminars, distance learning, courses accredited by professional body, planning or running a course.

D - Self directed

For example: Reading journals/articles, review of books/articles, updating knowledge via www/TV/press, progress files

E - Other

For example: Public service, voluntary work, courses (UK's HPC website)

Questions:

- 1) *Do you support these categorised examples of CPD?*
- 2) *Is this model in line with your current understanding of what CPD is?*

Benefits of CPD

It has become clear on both a national and international level that workforce shortages are an issue for many industries including health. If workforce issues mean a declining workforce, it is not surprising then that a good quality workforce is also under threat. It is recognised that training is a key factor in addressing these situations. Utilising existing staff and broadening the capabilities of employees who already have the knowledge and experience is a beneficial way of utilising CPD. (Maple, B 2007)

A lack of quality leads to compromise in the standard of performance in any business or service delivery. 'CPD takes the opportunity to improve on the defects and shortcomings and deliver quality products' and services in the case of health. The standardisation of CPD will help build the confidence of employees to bring out the best of their abilities, improve productivity and service delivery and attract more quality staff. A consistent approach to CPD will encourage better performance, growth and consistency. Progressive Health Professionals will be looking for quality CPD opportunities

as part of their employment package and providing this service will ensure we continue to attract and retain passionate and skilled Health Professionals. (Morgan, E)

Despite the variations in support for CPD, professional bodies have consistently expressed that CPD is crucial in maintaining professional competency. CPD is also considered a platform for up skilling potential clinical staff into future leaders. So when we speak about the benefits of CPD, we have to consider evolving work environments and communities and the necessity for Health Professionals to maintain professional competency by updating their skills to adapt to reforms in healthcare delivery. (Underwood, Dahlen-Hartfield, Mogel 2004)

Safety and quality

‘Clinical Governance is a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes’. (Clinical Governance Executive Summary)

Effective, efficient and safe delivery of health care to ensure the optimal level of care for patients requires numerous systems to be in place. A culture of learning is one of these systems required to enable this to happen. Clinicians are required to lead the process of continuous improvement of quality and safety along with transparent responsibility by clinicians at all levels. Supporting the creation of a culture that supports, promotes and encourages continuous learning in the pursuit of excellence is a requirement of all clinicians. Clinical performance and evaluation, CPD and management, clinical risk and consumer value are all areas that clinicians should be adhering to and be provided within the framework for Clinical Governance in the WA Health Department. (Clinical Governance Executive Summary)

The financial cost of adverse events in health has been estimated to be \$234M to \$381M per year. ‘If half of all adverse events are avoidable, modelling of the available data suggests that prevention could save around \$170M annually. (This modelled calculation incorporates the cost of preventative action)’. While the health budget is always under pressure and the above predicted figure is less than 5 per cent of the total health budget, there is still a significant cost to the health budget that could be more effectively spent in the delivery of effective and safe health care. (Western Australia Strategic Plan for Safety & Quality in Health Care 2008)

Performance development

A key strategy of the Western Australia Strategic Plan for Safety & Quality in Health Care is CPD and Management. Ensuring appropriate recruitment of clinical staff, their CPD and the control and monitoring of new and innovative procedures is a responsibility of management and a key element in safety and quality in health care. (Western Australia Strategic Plan for Safety & Quality in Health Care 2008).

The WA Health Department has developed a Performance Development Policy and guidelines to support this policy. Development of employees is an aim of their Performance Development Policy and it is considered vital and an intrinsic part of the process. 'During the Performance Development planning meeting, parties should consider what can be done to assist employees to achieve their objectives/goals. Consider what skills and knowledge are required to perform in the role and identify any specific training and development needs of the individual'. (Performance Development Guidelines 2006)

It is acknowledged that the interests of both staff and their employer result in a more improved workplace. The WA Health Department in line with their Performance Development Policy has produced a template to record an employees Performance development. (Western Australia Strategic Plan for Safety & Quality in Health Care 2008) The new process of recording an employee's performance development ties in well with our recommendation for recording of CPD. This is an accountable, transparent method to raise the profile, value and importance of PD while increasing its availability, accessibility and reducing barriers. A system that can be evaluated and analysed can be accountable financially. This is an opportunity for Health Professions to formalise CPD in a fair and consistent manner across the WA Health Department. Performance development provides a collaborative opportunity for individuals to address their learning needs in conjunction with the needs of the service.

Questions:

- 3) *Do you support the concept of linking CPD to a performance development model?*
- 4) *Do you see the importance in a formal recognised system for CPD?*

Recording of CPD

CPD needs to be recorded if we are looking for health funding. We need to be accountable and transparent and a system that records our CPD raises its profile, its value and importance.

Recording of CPD is an opportunity for individuals and their managers to keep a record of an individual's CPD history. This method can be used to assist both parties in assessing what CPD has been completed, the individual's CPD needs yet to be completed, while also addressing the current and future service needs.

While different professional bodies have different recording systems and in some cases flexible recording practices, we have not considered an exact system in this instance. Health Professions Council (HPC) in the UK use a portfolio approach on computer which seems to be best practice model for recording and keeping track of CPD undertaken. However the importance here is that whatever the recording system, it needs to be rolled out to ensure a fair and consistent approach. Professional bodies obviously use the recording of CPD as a way of ensuring their member's can continue to hold professional membership and in some professions can continue to be registered in that profession. However, recording CPD for our use in the WA Health Department will be more about ensuring a fair, transparent and consistent approach to CPD for both the individual and the needs of the service. On this note it is important to also raise the issues of time-consuming administrative tasks and ensure a balance is achieved to ensure a recording tool does not become a burden but rather an asset.

The Alesco HR System was initially funded by the Department of Treasury and Finance as an upgrade form of Lattice as there were concerns that Lattice would not continue to have the capacity needed into the future. Under this arrangement there is no funding to develop Alesco's capacity as a recording and monitoring tool for CPD. The Alesco project team believe the development of a CPD recording and modelling tool would align with the National Program registration and credentialing timeline of CPD requirements to prove competency. While this program currently only affects doctors, it will affect other professions in the future. The Alesco HR System Project is in the process of developing a Position Paper, looking at whether it's the responsibility of HCN to collect data and at what level data is to be collected at. This paper will also recommend a further review of what is required for the WA Health Department. The CHPO feel it is essential to have a recording and monitoring tool and would support the development of this tool through the Alesco system. (Alesco Project)

Questions:

- 5) *Do you support the model of a universal recording system?*
- 6) *Are you aware of any effective recording models that could be rolled out for consistent use?*

Professional development survey

The CHPO undertook a PD survey across the WA Health Department in November 2007 to capture information on the access, uptake, and barriers to CPD for allied health and health science professionals. The overwhelming response from the quantitative and qualitative data showed that CPD is an area that many Health Professions feel they do not receive enough of and certainly see it as an important factor in their employment conditions and in turn their satisfaction with their job. It is noted that a broad understanding of the various categories of CPD examples listed above were not listed as part of the survey. People's understanding of CPD may or may not be in line with these CPD examples. Considering this, we cannot truly know if the late inclusion of these CPD examples hinders the results of the surveys reported uptake and barriers to CPD.

The results that follow are a snapshot from the PD survey on access, uptake and barriers to CPD. Only 7% of the survey respondents reported receiving CPD provided by their employer. Respondents were asked to rate how supported they felt in pursuing CPD, 87 respondents reported that they felt unsupported, 342 some support, 257 adequate support and 98 excellent support. Some of the questions asked in the survey were in relation to the dollar value paid by both employee and employer, the number of hours and days spent attending PD events, number of occasions respondents attend PD events, main areas of CPD undertaken, funding sources and funds for CPD activity. Barriers preventing Health Professionals from attending PD events were ranked as follows, lack of support 9%, lack of funds 24%, lack of staff cover 24%, lack of time 26% and geographical 10%. Please refer to the Professional Development Survey 2008 (located on the CHPO website) for further detail if required.

Attraction and retention

With an ageing population and a declining workforce, the WA Health Department are looking at attraction and retention strategies to both attract new employees but also to ensure we maintain a workplace that retains current employees. It is extremely costly to address workforce shortages with reactionary immediate short term solutions. While it is acknowledged that spending is necessary in the area of recruitment such as international recruitment and expanding internal casual staffing mechanisms, the high cost of turn over would suggest it is more cost effective to concentrate funds towards retention strategies. (Australian College of Health Service Executives) If we have a declining workforce, an aging population also means an aging workforce. With this scenario in mind there is a great argument to ensure strategies are employed so that appropriately trained staff continue to be available in future years to keep

abreast of a clinical and technological evolving health system. (Healthcare Registration 2008)

Mechanisms are needed to ensure performance and development of staff are assessed regularly and that a recognised process is in place to assist employees to gain additional skills and knowledge. Health Services should take responsibility and develop and implement CPD programs for their employees and these programs should recognise the needs of both the individual and the needs of the service. A CPD program can cover a variety of areas but a key aim should be to support and develop appropriate staff to continue to provide quality, safe and effective care well into the future. (Australian College of Health Service Executives)

WA Health Climate Survey results 2006

The overall message from this survey relevant to this CPD Discussion Paper is that training and education and experience and development rank differently for under 25's to over 25's.

The Climate Survey 2006 highlighted 'development' as the 2nd highest factor at 29% of 'current and future attraction factors' for allied health employees less than 25 years of age. This number changes to 12% and the third highest factor for employees aged 26 to 30. This figure drops down gradually up to the age of 50; it does not factor in the over 50 age range. This is a considerable factor in attracting new graduates so that we do not lose them to the private sector, interstate or internationally. This evidenced based data is an important factor in supporting the need for a graduate program to assist new graduates in the early stages of their working career and supporting them to develop their confidence in the workforce.

While a lack of confidence in the work place would be an obvious indicator as to why under 25's ranked 'experience and development' as the 2nd highest factor in current and future attraction factors, their technical knowledge will be extremely current. For employee's over 25, confidence would not generally be an issue however with ever evolving clinical and technological changes, CPD is even more important to ensure a continued process of learning.

Questions:

- 7) *Are you aware of any effective Graduate Programs in the WA Health Department?*

Legislative requirements for professional development in Western Australia

Occupational therapy, physiotherapy, podiatry, psychology, medical radiation technologists, radiation therapists, nuclear medicine technologists and pharmacists are currently the only professions within our remit that are governed by registration acts. In 2005 the occupational therapy, physiotherapy, podiatry and psychology professions acquired new registration acts. Medical radiation technologists acquired a new act in 2006. Under the new legislation practitioners from the above professions can have their name removed from the register and their registration cancelled if they have not maintained current knowledge and skills at an approved level.

The Act and the relevant section are listed below:

- Medical Radiation Technologists Act 2006 Section 41 (1) b.
- Occupational Therapists Act 2005 Section 41 (1) b.
- Physiotherapists Act 2005 Section 41 (1) b.
- Podiatrists Act 2005 Section 41 (1) b.
- Psychologists Act 2005 Section 41 (1) b.

There is no specific requirement under the Pharmacy Act (1964) for pharmacists to demonstrate ongoing CDP.

Professional Bodies requirements for CPD

Our Office represents 23 Professions and through our correspondence with these Professional Bodies, we found that the different Professional Bodies have varied requirements for CPD for their members. The variance ranges from non-compulsory CPD being required to compulsory CPD programs required to maintain professional standing. However, even with the Professional Bodies that have a non-compulsory policy, they do recommend that the members partake in CPD and CPD is often part of the Associations' Code of Ethics.

For Professional Bodies with a more non-compulsory CPD requirement, the emphasis seems to be on the members to take sole responsibility for maintaining and monitoring their own CPD. Professional Bodies with a compulsory CPD requirement seem to have a system in place that regularly requests CPD records or runs regular audits. Whether CPD is a compulsory or non-compulsory requirement, it is recognised that CPD is an important factor in maintaining professional standards. Some Professional Bodies who currently have a non-compulsory CPD policy encourage their members to maintain CPD should their profession require credentialing or legal registration in the future.

Funding models

No costing estimates for a CPD Policy have been included at this stage. Many allied health and health science professions in the WA Health Department do not currently have any dedicated funding for CPD and the ability to undertake this relates to individuals willingness to fund/organise and managers creativeness to find resources. Patients do not seek out an individual professional for their servers but rather seek services through a specific service 'the WA Health Department'. In terms of finance, the cost should fall to the service to meet the quality of care required. (O' Sullivan 2004)

The Allied Health Professional development Fund (AHPDF) Ontario came into affect in 2006 as a government CPD fund of \$1 million to support CPD opportunities for allied health professions. This fund is distributed based on the size of the profession and on an individual first come first term basis. The issue with this is that some professionals may be more organised than others or have more time available to apply. While the fund is important in regards to the Department of Health Ontario recognising the importance of CPD for allied health professions. Its disadvantage is that it is not a guaranteed consistent rolled out approach but rather on an individual basis by allied health employees who are registered with their Professional Body and have already paid for the PD event. (HealthForce Ontario 2008)

The Northern Territory Department of Health have a CPD Allowance as part of their current Collective Agreement. For employees of 1 to 5 years they receive \$500 and this increases to \$1100 for employees with more than 5 years experience. There is a central fund of \$25,000 to support group PD events. Further to this, program areas will organise and fund PD events.

Queensland has a Clinical Education and Training unit formed as a recommendation of the Ministerial Taskforce on Clinical Education and Training. The aims of this unit is to

- 'Establish state-wide allied health and oral health training and development pathways from beginner to advanced generalist or specialist clinicians'.
- 'Establish Allied Health and Oral Health Clinical Training Networks across each discipline, including funding to develop re-entry courses'.

Permanent positions created to carry out this work include a state-wide manager/director, 3 area managers, and 1 research officer. A 12 month contract for discipline specific project offers to develop training and development throughout their career. Additional funds will be made available for additional staff and purchases of training packages in 2008/2009.

A Professional Development Allowance (PDA) has been established following successful negotiations through their EB6 agreement. All full time staff are entitled to \$1,500 to \$2,000 for category A staff and \$2,500 for category B staff per annum, paid as a fortnightly allowance. Part-time staff working a minimum of 2 days per fortnight receive pro rata entitlement; additional benefits have also been negotiated. In addition \$50 per week will be paid to any staff member providing clinical education for students. The equivalent of 164 FTE at Level 3.5 will be made available to support clinical education as an acknowledgement of the increased workload of students, new graduates and junior support staff. This is open to negotiation dependent upon current and anticipated numbers.

Questions:

- 8) *Are you aware of any effective funding models that currently exist?*
- 9) *Do you support an individual funding model or an identified CPD and training position?*

Spending on training across the government sector

Having reviewed the 2006 and 2007 State Government Funding for CPD across government agencies it was noted that funding is expended by a percentage of payroll and expenditure per FTE. There was a slight increase in CPD funding per FTE this year however overall the training investment as a percentage of the payroll decreased in 2007. Benchmarks are derived from private companies. While the WA Health Departments PD funding increased in 2007, it is still 72% below the benchmark compared to comparatively large organisations such as FESA and WA Police.

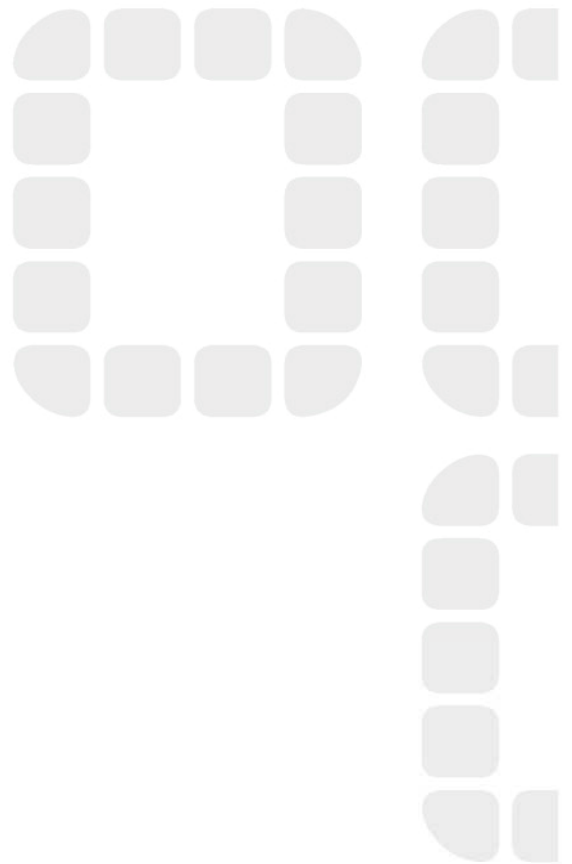
Both FESA and the WA Police are responsible for training staff recruits. FESA also takes statewide responsibility for the training of volunteers, communities and agencies for emergency response. The WA Health Department is also responsible for the training of Graduates during their placements and in the early years of their career. Creating suitable, available graduate placements is an issue currently being experienced across the WA Health Department. (Profile of Western Australian State Government Spending Workforce 2007)

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