

# The Management of CONTINUING PROFESSIONAL DEVELOPMENT Information



QA  
CPD

A Discussion Paper

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Designed and Produced by Interactive Design, Edinburgh.  
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## Introduction

Continuing professional development (CPD) has assumed an increasingly important place in the NHS. It reflects professional imperatives such as the UKCC's PREP Standards, and complements important national strategy initiatives in Scotland such as clinical governance, the Education, Training and Lifelong Learning Strategy, and the Human Resources Strategy. This has resulted in NHS trusts investing heavily in CPD for nurses and other healthcare workers.

Changes brought about by PREP have also resulted in the withdrawal of the NBS Professional Studies Diploma courses in Scotland, and have contributed to the increased involvement of trusts in the provision of CPD activities.

Consequently, the National Board for Nursing, Midwifery and Health Visiting for Scotland (NBS) received increasing numbers of requests to support or validate courses run directly by trusts. In some cases, the directors of nursing of the trusts sought an NBS 'kite mark' for their courses.

The NBS and NHS trusts had concerns about the possible fragmentation of CPD and potential for disparity of the quality of content in the courses. The former Scottish Office NHS Management Executive (now the Scottish Executive Health Department), recognising these issues, supported the development of the joint NHS Trust/NBS *Network Project*, which had as its main aim the development of a quality assurance framework for the provision of CPD at provider-unit level.

One of the main findings emerging from the Project was the universal support for a national framework for quality assurance of CPD, which would allow local customising of educational provision set within agreed national standards.

The framework would have standards at its core, which would be:

- ◆ *defined nationally*
- ◆ *robust*
- ◆ *an incentive to innovation.*

A working party of practitioners drawn from Grampian, Orkney and Shetland was set the task of drafting Core Standard Statements designed to inform and guide national standards. The intention was to promote the quality standardisation of CPD initiatives within trusts, and thereby increase the transferability of skills and competencies across a number of trusts and other practice environments.

The Standards were tested in various sites throughout Scotland, and suggestions and comments were incorporated in a revised version of the Standard Statements, published in 2000.

### The challenge for trusts

Trusts are facing a number of issues as a result of the UKCC's CPD policies and government training and lifelong learning initiatives. One of the main implications is the need for trusts to manage their CPD information efficiently. They must be proactive in the management of resources – time, money and skills – required for CPD, because of pressure to provide value for money. To facilitate this, they need an effective means of handling information related to CPD.

Information technology is the ideal resource for a task of this size and complexity. It allows large amounts of information to be processed – stored, sorted, indexed and retrieved – efficiently and effectively.

A trust-wide database which stored key pieces of information on the CPD activities of individual members of staff, and which allowed more general statistics on trusts' CPD initiatives to be collated, would be a valuable tool in meeting this challenge. Ideally, such a database would be compatible among all trusts in Scotland, to create a network through which information could be shared.

The concept of a centralised database of information gives rise to the possibility of various advantages for trusts and practitioners, including:

- ◆ *Information on the allocation of resources for managers*
- ◆ *Information to inform a learning needs analysis for trust staff*
- ◆ *Printouts of CPD activity for individuals' professional portfolios, CVs and job application submissions*
- ◆ *Electronic transfer of information between different hospital units within the trust, to support staff mobility.*

In addition, a national networked system linking trusts could allow for sharing of resources between trusts, facilitating easier staff movement.

A computerised information system might help to eradicate some of the problems trusts currently face in managing information, such as duplication, difficulties in retrieval for both providers and recipients of CPD, and difficulties in updating information.

### **Aim of discussion paper**

The aim of this paper is to examine the issues and implications for practitioners and trusts in relation to the management of CPD information. The paper:

- ◆ *Discusses the issues surrounding the management of CPD information*
- ◆ *Discusses examples of current provision of CPD information management in a variety of trusts in Scotland*
- ◆ *Describes a model of a potential system for the management of CPD information*
- ◆ *Presents suggestions for good practice in the management of CPD information.*

The information to achieve these aims has been gleaned from:

- ◆ *A focus group of interested nurses from across Scotland*
- ◆ *A meeting with directors of nursing from a Scottish health board area*
- ◆ *Telephone interviews with a variety of practitioners, educators and managers*
- ◆ *The Network Project.*

## Issues surrounding the management of CPD information

Three forums were employed to offer opinions on a full range of issues:

- ◆ *Focus group*
- ◆ *Meeting with directors of nursing*
- ◆ *Telephone interviews.*

### Focus group

A group consisting of participants from various parts of Scotland was convened under the Chairmanship of NBS Professional Officer Liz Gillies and Facilitator Paul Wicker.

The group consisted of:

- ◆ *A Nurse Training Co-ordinator, from an urban acute trust*
- ◆ *A Training and Development Advisor, from a rural primary care trust*
- ◆ *An Associate Nursing and Midwifery Director, from a rural acute trust*
- ◆ *A Director of Nursing, from a health board.*

The aim of the meeting was to identify and discuss the main issues surrounding the management of CPD – primarily the storage, retrieval and utilisation of CPD information by trusts, individual practitioners and the NBS.

### Perceptions of the main issues for the trusts

The overriding factor, the group felt, was that clinical governance had brought fresh impetus to trusts' accountability for standards of clinical care. A key component of meeting this responsibility was educational preparation of the workforce to appropriate levels.

CPD opportunities had to be provided as efficiently and effectively as possible. It would therefore be enormously useful for trusts to be able to access reliable, up-to-date information on CPD activities among the workforce.

This information would need to be:

- ◆ *Valid, current and easily updated*
- ◆ *Accessible by individuals and appropriate trust departments*
- ◆ *Confidential, with controlled access only by designated personnel.*

Various issues emerged from this idea. For example, the majority of trusts had merged, and had found that their component hospital units often utilised different software systems, which were not directly compatible. Any database, participants believed, would therefore have to contain the capability of importing data in a variety of formats and be universal in design. *A single system would enhance the transferability of information.*

Some trusts used paper systems for recording CPD activity, and the group felt that staff may have very rudimentary information technology skills. This problem could be addressed by the use of Windows-based software, which has the largest number of users. Generally speaking, most Windows software has the same appearance and similar functions, and the learning curve for users is usually very short.

The participants felt that trusts have a need to know the nature and volume of CPD activities staff have completed, including activities they have self-funded. For example, a trust might not be aware when a member of staff attends a study day in his or her own time and at his or her own expense, and consequently will be unable to appreciate the relevance it may have for service delivery.

The study activity, if it was of benefit to the service or the individual's professional development, should be recorded in the database, but this could only be achieved if the individual felt 'ownership' of his or her own record. The user could encourage this by inputting the information directly into the database, and being able to access the information for his or her own uses.

Resources – financial, time and human – were in great demand within trusts, participants agreed, so the system would have to operate with the minimum of effort and expense. To facilitate this, the software would have to:

- ◆ *Have the widest compatibility with established systems*
- ◆ *Be compatible with Windows 98 (the widest-used software platform)*
- ◆ *Be easy to use and require minimum training for staff*
- ◆ *Have the largest number of uses possible.*

Ultimately, however, the group believed that the benefits of the system would have to be seen in facilitating improvements in patient care to justify the trust's expense. Provision of CPD opportunities is not the core business for an NHS trust, but provision of *appropriate* CPD could equip staff with the skills to provide better care and treatment, which emphatically *is* a trust's primary function.

### **Perceptions of the main issues for individual practitioners**

Some practitioners may not like the implied 'Big Brother' approach, the group felt, and it should be anticipated that some would not want other people to access their information. For this reason, access to information needed to be controlled in some way - for example, through public and private access to particular parts of the database. This would mean that:

- ◆ *Managers would only be able to access individual practitioners' records with their permission*
- ◆ *Individuals would only be able to access the records of colleagues with their permission*
- ◆ *Staff would be able to access their own records in order to complete their portfolios and other personal documents*
- ◆ *Staff would be able to print out or save their own records*
- ◆ *If a national system was adopted, bodies outside the trust, such as the NBS or a successor organisation, would only be able to access records on a global basis, rather than an individual basis.*

Individual ownership of the recorded information would be essential; otherwise, there would be little perceived benefit for the individual, and records might not be used or be updated. The value of the system to individuals would be:

- ◆ *Recording of CPD information for profiles*
- ◆ *Facilitating the transfer of records of previous CPD experience between employers*
- ◆ *Use as a trigger mechanism to inform practitioners when they are short of PREP hours of study*
- ◆ *Validation of prior CPD endeavour for employment purposes*
- ◆ *Career progression planning.*

### **Main advantages of a national system for CPD recording**

If the database system was to be made national, one of its main uses could be the collation of national statistics. Currently, the NBS receives frequent enquiries for information regarding CPD provision throughout Scotland. These enquiries come from diverse sources, and commonly relate to issues of topical and national importance such as education on epilepsy, asthma, and intensive care nursing. A nationally co-ordinated database could provide information such as:

- ◆ *The numbers of courses available across a range of specialist areas and subjects*
- ◆ *Numbers of nurses accessing particular courses*
- ◆ *Types of courses available.*

The focus group members felt this information could be used to identify areas in which there was adequate CPD provision, and areas where further initiatives would be necessary. The database could also be used as a vehicle for carrying information about particular courses that could be accessed by the trusts, to help with planning, provision or allocation of courses.

## Meeting with directors of nursing

The topic of managing CPD information was added to the agenda for a meeting of a group of directors of nursing within a health board area, to which Facilitator Paul Wicker was invited to present a discussion of the issues raised by the potential database system. Four directors of nursing were present.

The directors were asked to consider the strategic implications within the concept of a database for the storage of CPD information, at both local and national levels. Several wide-reaching issues were discussed.

### The respective advantages of a local and a national database

The group felt that much of the perceived advantage was within the trusts, and not between them – in other words, the main facility of the system would be at local, rather than national, level. They found it difficult to justify why any individual trust would want to have access to information about staff from another trust.

### Quality of CPD provision

It was generally agreed that there was a lot of work to do on the standardisation of levels of training, record keeping, and information storage. Common definitions – such as what ‘CPD’ and ‘mandatory’ really mean – would also be helpful.

### IT compatibility between trusts

This was seen as a major inhibiting factor in the adoption of a national database. The directors felt that IT compatibility among the component hospitals within a trust was a significant enough problem, but would be greatly multiplied in attempting to implement a national system.

### Multidisciplinary aspects

The group felt that a multidisciplinary approach would enhance the uses of such a system. In concluding, the directors felt that a national database may offer advantages, but that work had to be undertaken on standardisation of CPD information and provision before any serious consideration could be given to its development. They felt that a discussion paper (such as this one) could help this process.

## Comments from individual practitioners

Twenty five practitioners from various parts of Scotland were contacted and questioned about the concept of introducing a nationally compatible database for recording CPD information. The interview took the form of a short explanation on the concept of the system and some of the issues which arose, followed by questions on respondents’:

- ◆ *Current job title*
- ◆ *Opinions on the usefulness and facility of the system*
- ◆ *Perceived disadvantages/problems with the system*
- ◆ *Willingness to use the system if introduced into their workplace*

### Responses

#### Job titles

Job titles included director of nursing, education co-ordinator, staff nurse, clinical nurse manager, charge nurse, lecturer, and practice facilitator.

#### Usefulness of the system

A wide range of possible uses was suggested, with advantages for individuals and trusts identified. Examples included:

- ◆ *Evaluating the impact of providing CPD or particular courses*
- ◆ *Identifying adequacy of skills base in specific areas*
- ◆ *Identifying competencies for performance appraisal*
- ◆ *Allowing individuals to record CPD for their profiles*
- ◆ *Assisting with mobility of staff between trusts, and transfer within trusts*
- ◆ *Providing a national picture of CPD provision*
- ◆ *Providing information about specialist skills and expertise*
- ◆ *Providing market research information for higher education institutions when planning courses*

- ◆ *Providing information for recruitment and retention*
- ◆ *Assisting with compiling AP(E)L submissions*
- ◆ *Avoiding the requirement to repeat courses following a job change.*

Judging by the range of responses, it appears that the information could be used by a variety of people in several different ways, and for various reasons.

### **Perceived disadvantages/problems with the system**

Several problems were highlighted, with some main themes emerging as potential areas of concern:

- ◆ *Security issues – for example, misuse of the information, password protection, use of the information once released to the database*
- ◆ *Technological issues – ‘crashes’ or loss of data, lack of IT resources and support, lack of networks*
- ◆ *Skills issues – lack of ability to input and retrieve the data correctly*
- ◆ *Resource issues – time and money needed to create the system, input the data, and run the service*
- ◆ *Privacy issues – inappropriate use of the information, concern regarding the monitoring of personal records by managers*
- ◆ *Information issues – the quality of the information stored, duplication of information.*

### **Willingness to use the system if introduced to the workplace**

The respondents felt that they would use a system such as this if it was found to be secure and useful. While lack of privacy was raised as an issue, it didn't appear to be a major concern, since practitioners felt that most of the information was currently being used by trust managers and course leaders anyway.

## Examples of current provision for recording CPD in Scotland

The purpose of this section is to review some of the current systems in Scotland by describing those in use at a number of different locations.

In general, it was apparent from an early stage of the preparatory work for this discussion paper that a number of systems are in use, ranging from paper-based to complex software systems networked throughout trusts. The functional capacity of the systems varied, but several key issues emerged:

- ◆ *Paper-based systems were used primarily for recording information, and had limited use for retrieval or analysis*
- ◆ *Software was not compatible between trusts, or between hospitals within a trust*
- ◆ *None of the software packages had a national application*
- ◆ *None of the software packages were easily accessible by practitioners; access depended on a third party.*

### Trust A – urban-based, acute

Various systems are run by the hospitals in this trust. The in-service/practice development department records attendance at their courses on a database.

Information stored includes the staff member's name, workplace and a list of courses and dates.

There is little or no reflection on the content or value of the course or learning event.

The list serves as a record of learning activities that have been paid for by the trust.

Other departments keep records of their own courses using a variety of methods, including paper-based systems. There is no centralised recording system for courses.

### Trust B – rural-based, acute

This trust uses at least two systems for recording CPD, one of which is a somewhat outdated DOS-based software programme, alternatives to which are currently being investigated. The programme is a personnel system with the added facility of recording attendance at courses and study events.

CPD and performance appraisal is linked in the trust, with development needs being identified during appraisal. The practitioner completes a record of application for study leave, which is then sent to the personnel department for entry into the database. The programme is able to produce a comprehensive printout of the practitioner's record, which staff can access.

The trust also utilises a simple paper-based system for recording courses, dates and other pertinent details. Employees' managers record the information, and members of staff have access to their own records for information about their activities. This system is department-based, and works alongside the DOS-based software programme.

## Trust C – urban-based, acute

Composed of several hospitals, this trust uses a variety of methods for recording CPD, including department-based paper records and databases, and two varieties of hospital-wide database systems. The main hospital in the trust uses a locally designed information system to manage personnel information.

This system is a database written in Microsoft Access, and runs under Windows 95.

Fields include:

- ◆ *Personal details – name, address, next of kin*
- ◆ *Employment details – pay number, post number, grade, hours of work, previous employment*
- ◆ *Professional details – qualifications, training and development, public service, professional service*
- ◆ *Trust information – ID badge number, e-mail address, telephone number.*

The system is networked throughout the main hospital, and is integrated with the national payroll system. Information is accessible to the personnel department and by certain users in each department. Only certain fields are accessible by particular users – for example, sickness and annual leave records are open to service managers. Users are not permitted access to their own records, which is controlled by the use of a password system.

Currently, the system holds about 5,000 records and takes up about 60Mb of disk space. It uses this information and retrieves whatever it needs (there is currently much information in the payroll system that the system doesn't need). The main hospital downloads the database monthly, at a cost of £800 per month.

When new members of staff join the workforce, they are given payroll numbers, organised by personnel. Once this is in place (a few weeks later), their details can be accessed through the system by the users – normally clinical managers, service managers, and/or secretaries. Additional details can then be placed in the system, such as qualifications and employment details.

This information system can generate reports for various people. For example, it can produce sickness reports, study day attendance records, total details per person, and head counts per department. Information can be accessed by managers, and printouts given to individual practitioners.

## Suggested systems for recording CPD

The purpose of this section is to discuss the possibility of using a database at trust level that would:

- ◆ *Hold information about an individual's personal and professional details such as CPD activities and qualifications*
- ◆ *Be accessible by trust staff to make entries and retrieve necessary personal details*
- ◆ *Allow individuals to consult, print out, or save to disk their own information.*

The section also considers the potential of a national database system, which would additionally allow:

- ◆ *Networking throughout the NHS*
- ◆ *Management by each trust.*

This concept starts from the premise that a software database which listed personal details, including name, qualifications, employment details and CPD details, would be able to facilitate these functions.

### Concept

The overall concept is that the trust could centrally co-ordinate information in a database that would contain fields such as:

- ◆ **Individuals':**
  - *UKCC personal identification number (PIN)*
  - *Name and personal details*
  - *Qualifications*
  - *CPD profile*

- ◆ **Information:**

- *Module descriptors for validated courses – identified by a code for title, year, module, course, and other appropriate data.*

Information on CPD could be divided into three main areas:

- ◆ *Personal professional development*
- ◆ *Mandatory updates*
- ◆ *Accredited courses.*

The section on personal professional development would operate as the individual practitioner's own professional profile. Individuals would have easy access to this section, and would input information as they would into a professional portfolio.

The mandatory update section would have to be 'protected', so that the individual could only enter information once he or she had attended the update. A page, representing a course, could be 'greyed out' and then unlocked with a special identifying code once the course had been completed.

The accredited courses would operate on a similar basis, with unlock codes given out once the course had been completed successfully. The code would point to individual courses and modules. Alternatively, course tutors could input this information for each of their students, then lock the page when completed.

If a national database option was pursued, a system would need to be designed and distributed to trusts, who could use a network system (for example the Internet or NHS Network, when available) to share the records of nurses working in all trusts. The network would grow in size as each trust joining the system added access to their staff records. Access to the database would be controlled by a password system which allowed users to view different levels of information.

## Organisation

Specified individuals in the trust would input updated information, adding new names and personal details to the main database. This would then be compiled into the CPD database with the fields described above – the ‘identifying’ field would be the name and the associated UKCC number, with an individual password.

System administrators would have access to each individual’s records using a master password, and named individuals could have various levels of access using appointed passwords. Individual practitioners would be able to amend and update their own records.

Trusts could network this information within their own organisation and issue passwords to allow access to named individuals (such as managers). The managers would then be able to:

- ◆ *Enter additional details (such as courses undertaken)*
- ◆ *Check up on an individual’s CPD status, for employment or professional development purposes*
- ◆ *Match the individual’s course title with the course information stored on the system*
- ◆ *Offer individuals a record of their own CPD on a disk or printout.*

If a national system was employed, the trust would then make the information available on the main NHS Network. Access would be restricted by password, as described above. Appropriate nursing organisations would then be able (with the trust’s permission) to:

- ◆ *Update their own database with information from the trust’s database*
- ◆ *Access information for statistics – for example, the number of courses available, the number of specialist practitioners, and the amount of study time allocated.*

This information could be used by trusts to:

- ◆ *Identify exactly the content of the modules of a course undertaken by incoming staff, and whether this carried a ‘quality mark’*
- ◆ *Assess individuals’ prior learning and future learning requirements*
- ◆ *Inform risk assessment and quality initiatives.*



## Conclusion

The management of CPD information is an emerging concern for trusts, particularly in the light of clinical governance, managed clinical networks, the Education, Training and Lifelong Learning Strategy, and the Human Resources Strategy.

A computerised database system, such as suggested here, could allow trusts to maintain valid, accurate and up-to-date records of CPD activities within their organisation, at both corporate and individual level. The potential benefits and disadvantages for trusts and practitioners have been described above.

A nationally compatible information system would have benefits for organisations such as the NBS or a successor body and the Clinical Standards Board in providing statistics on educational activity at trust level. Trusts could benefit through the development of a system for accessing, recording and retrieving information about staff throughout the country, many of whom could be potential employees.

Suggestions for good practice in management of CPD information, based on the surveys carried out in the preparation of this discussion paper, are presented in Box 1.

In concluding this discussion paper, the following issues are suggested for discussion:

- ◆ *How great is the need for CPD activity information at national, trust and individual level?*
- ◆ *What standards need to be set for recording CPD information?*
- ◆ *What is the value and cost of a CPD information management system?*
- ◆ *How could such a system inform the work of the Clinical Standards Board and/or successor body to the NBS?*

## Box 1

### **Suggestions for good practice in management of CPD information**

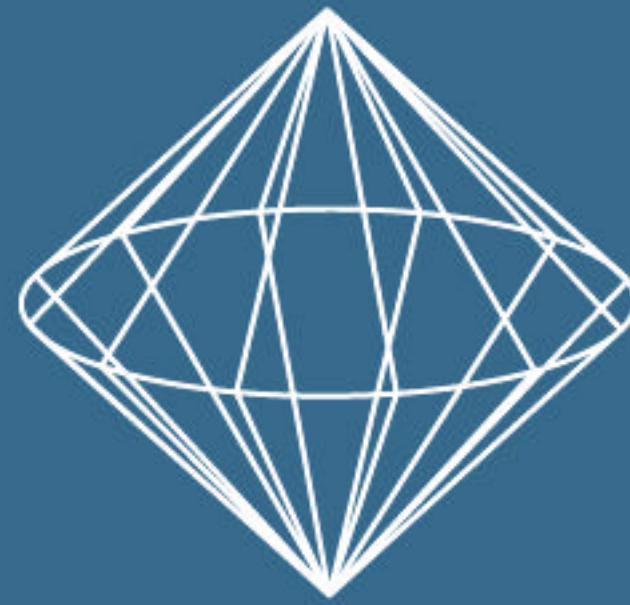
The following suggestions are offered as points for discussion when considering the management of CPD information.

#### **The system used for storage of CPD information should:**

- Be software based
- Be accessible by appropriate trust staff
- Be accessible by individual members of staff
- Be secure from unauthorised alterations and misuse
- Allow for the transferability of information between trusts
- Assist in training needs analyses with trust staff.

#### **Information held should include records of:**

- Personal professional development information
- Mandatory updates
- Accredited courses.



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