

CONTINUING PROFESSIONAL DEVELOPMENT OF HEALTHCARE CHAPLAINS

The statement about continuing professional development (CPD) describes what is required for individuals to demonstrate that they undertake the necessary lifelong learning in order to meet the needs of patients and deliver appropriate health outcomes.

Introduction and Background¹

For the purposes of this document, continuing professional development (CPD) is considered to be a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the NHS and which enables professionals to expand and fulfil their potential. The NHS formulated a chaplaincy CPD strategy² in 2006 and this statement seeks to build on that document in light of changes since that date including the outcomes of the Health Profession Council's consultation on CPD³ in 2005.

It is appropriate to reiterate the reasons why chaplaincy registrants participate in CPD activities:

- Quality standards in the NHS are ensured by a system of clinical governance, life-long learning and professional regulation. Life-long learning is an investment in quality.
- CPD is a process of life-long learning for all individuals and enables professionals to expand and fulfil their potential. As healthcare professionals, registrants have a responsibility to develop themselves and to maintain competence in their work.
- CPD has benefits for service users be they patients or staff or the organisation which the registrant serves. These benefits can be optimised by CPD activities which are aimed at improving health outcomes.
- CPD has benefits for the registrant which may include greater work satisfaction, greater motivation, greater career flexibility and career advancement.

The proposed regulatory council Standards for CPD

The proposed regulatory council requires all registrants to meet the standards for CPD set out below:

CPD1 Maintain a continuous, up-to-date and accurate record of their CPD activities

CPD2 Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice

¹ In all these papers, use of the word 'he' should be taken also to include 'she'. Similarly, use of the word chaplain should be taken to include spiritual care-giver

² A strategy for continuing professional development in healthcare chaplaincy; South Yorkshire SHA; 2006

³ Continuing professional development – key decisions; Health Professions Council; 2005

CPD3 Seek to ensure that their CPD has contributed to the quality of their practice and service delivery

CPD4 Seek to ensure that their CPD benefits the service user

CPD5 Present a written profile containing evidence of their CPD upon request

The important issues are as follows:

- Registrants must keep a record of their CPD, in whatever format is most convenient for them.
- Registrants should ensure that their CPD is a mixture of different kinds of activities – not just one kind of learning – and that it is relevant to their work. It could be relevant to their current role or to a planned future role.
- Registrants should aim for their CPD to improve the quality of their work. It may not actually improve their work, due to factors beyond their control, but when CPD activities are chosen the registrant should intend for them to improve their work.
- Registrants should aim for their CPD to benefit service users. As above, registrants may not be able to make sure that this happens, but they should have the intention of benefiting service users. Depending on where and how they work, service users might include patients, clients, your team, or students.
- If a registrant is one of those selected for the proposed regulatory council's annual audit of CPD, the individuals will submit a CPD profile to show how they have met the proposed regulatory council's standards. The proposed regulatory council will send the CPD profile to be filled in and returned.

It should be noted that the proposed regulatory council considers that registrants are likely to spend up to 5% of their professional time on CPD activities.

CPD activities

The proposed regulatory council considers that as wide a range of activities as possible should be seen to be relevant to CPD. These will include:

- Training within the workplace i.e. learning a new technique
- Reading articles, journals, books
- Job rotation, secondments and shadowing
- Teaching and mentoring
- Reflection
- Asking questions
- Attending seminars
- Study sessions with colleagues
- Attending lectures
- Team discussions
- Undertaking additional duties
- Focus groups
- Conferences
- Meetings
- Research
- Acting up
- Learning from critical incidents
- Distance learning
- Personal study

- Work based projects
- Working through the results of audits

Registrants can make their own decisions about the kinds of CPD activity that are relevant to their role and your work. For example, CPD activities could include going on secondment, in-service training, mentoring, or reading or reviewing journal articles. Registrants may decide that they could meet CPD standards by taking part in a scheme run by their professional body or their employer. They might add to this with other activities, or could structure their own CPD activities around their personal development plan. The proposed regulatory council standards give registrants the flexibility to plan their CPD in a way that suits their work, their learning needs, their preferences, and the time and resources available to them.

This flexible approach means that CPD can take account of how registrants work, whether part-time or full-time, whether in acute or mental health practice, whether dealing with patients or in management, education or research (or anywhere else). The standards mean that registrants can plan their CPD activity to take account of their changing needs.

CPD evidencing

These activities will need to be evidenced and the proposed regulatory council takes the view that such evidence should be drawn widely.

Registrants may have produced materials of relevance such as:

- Information leaflets
- Case studies
- Critical literature reviews
- Adapted user/student notes
- Policy or position statements
- Discussion documents
- Procedural documents
- Documents relating to national or local processes (e.g. schemes for peer review, mentorship or clinical supervision)
- Recent job applications
- Reports (e.g. on project work, clinical audit, reviews of activity)
- Business plans
- Protocols
- Guidance materials (e.g. for service users, colleagues or students)
- Clinical audit tools
- Clinical guidelines
- Course assignments
- Action plans
- Course programme documents
- Presentations
- Articles produced for publication
- Questionnaires
- Research papers/proposals/funding applications/ethical approval applications
- Induction materials for new members of staff
- Learning contracts
- Contributions to work of a professional body
- Contributions to work of a special interest group

Other materials may demonstrate reflection and evaluation of learning and practice:

- Profiles drawn from learning portfolios
- Adapted documentation arising from appraisal, clinical supervision, job evaluation, compliance with locally-implemented competence frameworks.
- Documentation from compliance with local or national CPD schemes
- Evaluation of courses/conferences attended
- Personal development plans
- Documented and approved claims for academic credit for prior or experiential learning

Materials may also be acquired from others

- Testimonies
- Letters from users, carers, students or colleagues
- Course certificates

Recording CPD Activity

Registrants should retain a record of their CPD activity. If they belong to a professional body, such a body may recommend a particular format for individuals to follow and they may even provide CPD activities and support. Registrants who are not a member of a professional body must maintain a CPD record. The basic data that is needed is information recorded under four headings of date, CPD activity, what was learned, and how long was spent learning on this occasion.

The proposed regulatory council's audit of CPD activity

The audit of CPD activity is the process where the proposed regulatory council randomly selects a percentage (probably 2.5%) of registrants who are renewing their registration, and asks them to send in a profile showing how their CPD has met proposed regulatory council standards over the last two years. The registrants chosen for audit will be expected to:

- Submit a profile which explains how the CPD they have done meets proposed regulatory council standards; and
- Provide evidence to show that they have undertaken the activities described in their profile.

These profiles will be assessed by CPD assessors from the chaplaincy profession, who will decide if the profile meets the proposed regulatory council CPD standards.

The main parts of the CPD profile will be:

- A summary of the registrant's practice history for the last two years (up to 500 words). The summary of practice history should help to show how the CPD activities are linked to the registrant's work. This part of the CPD profile should help the registrant to show how their activities are relevant to their current or future work.

- A statement of how the registrant has met proposed regulatory council standards of CPD (up to 1500 words). The statement of how standards have been met should clearly show how the registrant considers they meet each of the proposed regulatory council standards, and should refer to all the CPD activities undertaken and the evidence the registrant is sending in to support their statement.
- Evidence to support the registrant's statement. The evidence sent in will back up the statements the registrant makes in their CPD profile. It should show that the registrant has undertaken the CPD activities referred to, and should also show how they have improved the quality of the registrant's work and benefited service users. The evidence should also be able to show that the CPD activities were a mixture of learning activities and were relevant to the registrant's work.

The personal development plan

Most personal development plans involve identifying learning needs; learning activities; types of evidence; what you have learnt. Registrants could write a statement on how they have updated their knowledge and skills over the last two years, and what learning needs they have met. It may be helpful to identify three to six points that have contributed to the quality of the registrant's work. These areas will have been identified through the personal development plan or a review of the registrant's role or performance.

The proposed regulatory council is aware that not all health professionals have a personal development plan – individuals may be self-employed, or their employer may not work in this way. But if registrants do have a personal development plan (and these were commended as part of the previous CPD strategy), they may find it useful to use this as a starting point for writing their statement. Registrants without a personal development plan may find it useful to develop one and to use this approach.