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Continuing Professional Development

Title:

APEL, APL or CPD?

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Continuing Professional Development

Introduction

There is an old saying that "An apple a day keeps the doctor away." It could be argued that APEL (acquired prior experiential learning), APL (acquired prior learning) and/or CPD (continuing professional development) in its other forms can do much the same in that each of these noble endeavours can ensure current and future employment. These endeavours can also benefit your patients. Ensuring employment and benefiting patients may be considered part and parcel of the same thing. If patients don't benefit, you can and will, according to regulatory bodies say 'good-by' to your employment. Indeed this can and does have an impact on health.

According to regulatory bodies, for example the Health Professions Council and the Nursing and Midwifery Council engaging in CPD following registration is an essential requirement for maintaining your license to practice (UKCC, 1994; Department of Health and Social Security, 1998; Department of Health, 1999; Scottish Executive 2001; RCN, 2002; HPC, 2006; NMC, 2008). What is CPD? What do we actually need and what is the best way of getting it? In this article APEL, APL and CPD will be described and the questions raised here will be addressed. A perspective on current Prep standards, revalidation of fitness to practice, the cost of professional development and the benefits (outcomes) that can be achieved will provide insight and hopefully incentive to begin engaging in CPD; particularly if you are not already doing so.

What is CPD?

According to professions regulated by the Health Professions Council (2006), the Nursing and Midwifery Council (UKCC, 1994; NMC, 2008) and professional organisations such as, to name but a few: the Institute of Biomedical Sciences, the Royal College of Midwives, the Allied Professions Forum Scotland, the Royal College of Speech and Language Therapists, the British Academy of Audiology, the College of Occupational Therapists, the Chartered Society of Physiotherapists, the Society of Radiographers, the Society of Chiropodists and Podiatrists, the British Dietetic Association and the British Association of Drama Therapists, "Continuing Professional Development (CPD) is fundamental to the development of all health and social care practitioners, and is the mechanism through which high quality patient and client care is identified, maintained and developed" (RCN, 2007:2). The Health Professions Council defines 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'(HPC, 2006:1). Quite simply, CPD is the means by which all health professionals continue to learn and develop throughout their careers (Campbell, 2004). Through CPD health professionals keep their skills and knowledge up to date and are able to work safely, legally and effectively (HPC, 2006).

The Health Professions Council (HPC) agreed standards for CPD on 1 July 2006. Since then all registrants with the HPC must engage in CPD. CPD includes APEL (acquired prior experiential learning) which is independent experiential activities/short courses that are not accredited or APL (acquired prior learning) which involves prior study at a college or university in which academic credit was awarded (e.g., a degree programme of study or higher degree programme of study) or current

academic study. The HPC and the NMC are clear that CPD is an important part of health professional's continuing registration. HPC and NMC CPD standards mean that all health professionals must continue to develop their knowledge and skills whilst they are registered. Furthermore, registered health professionals must record their CPD activities in a portfolio which if selected for audit, will be assessed by CPD assessors (UKCC, 1994; HPC, 2006; NMC, 2008). According to legislation (NMC Order, 2001, 2002), the NMC is charged with safeguarding the health and well-being of persons using or needing the services of registrants'. It does this by establishing from time to time standards of education, training, conduct and performance for nurses and midwives and ensures the maintenance of those standards through such mechanisms as the requirement for registrants to engage in CPD (NMC Order, 2001, 2002). With this in mind, the question arises, what form should CPD take?

CPD may take a number of forms including engaging in activities such as:

- E-learning
- Journals
- Conferences
- Workshops
- Prescribing forums
- Individual study
- Work based learning
- In-service education
- Clinical-simulation laboratories
- Formal CPD study days
- College and University courses
- Action Learning Sets.

The form should be what suits each individual practitioner's learning style and need. A learning needs assessment should be conducted so that the CPD initiative undertaken addresses core learning needs as well as those that are specialist to the field of the practitioner's practice (Campbell, 2004). In many instances, CPD is accredited through institutions such as higher education (HE), professional bodies, and prescribing forums (NMC, 2008) and charities for example. As with any activity undertaken there is a time commitment. In relation to the time commitment the NMC (2008:2) states that:

- Where additional CPD is indicated in the performance appraisal, employers have a responsibility to ensure that this may be reasonably met.
- This may be undertaken by private study, formal study days, reflective practice, work based learning, supervision by nurse /midwife prescribers or designated medical practitioners as indicated by appraisal.
- Where possible CPD should be undertaken within a multi-disciplinary context. (NMC, 2008)

Current Prep Standards (NMC, 2008)

Prep is considered to be 'homework'. It is generally considered to be work which is undertaken outside of school. According to the former United Kingdom Central Council (UKCC, 1994) Prep is post-registration education and practice. The

principles that underpin Prep for nurses and midwives reinforce the requirement that they must take active measures to maintain their competence through regular professional development. This requirement is critical when it comes to renewing a license to practice; which equates to revalidation.

Revalidation

Revalidation of fitness to practice means that nurses and midwives must sign a declaration when they renew their license that they have fulfilled the standards of 450 hours of practice and five study days in each three year period in order to enable re-registration on either the nursing and/or midwifery parts of the Register (NMC, 2008). The White Paper Trust, Assurance and Safety: the regulation of health professionals in the 21st Century (Department of Health, 2007) indicates that public and professional opinion regarding healthcare provision has moved on from a position where trust alone was sufficient guarantee of fitness to practise. Now that trust needs to be underpinned by objective assurance. Public opinion surveys suggest that people expect health professionals to participate in the revalidation of their registration and that many believe that this already occurs every year (Department of Health, 2007). The HPC and NMC are expected to have in place arrangements for the revalidation of their (statutorily regulated health professions) professional registration through which their registrants can periodically demonstrate their continued fitness to practise (HPC, 2006; Department of Health, 2007; NMC, 2008).

The Cost of CPD

Employers are generally willing to pay for CPD activities as they perceive their institution and patients will benefit from the employee's exposure to CPD (Covell, 2009). Human resources are "the major asset of the organisation" (Bjork et al, 2009:239). Ensuring that nurses and other healthcare practitioners have up-to-date knowledge and skills is viewed by many managers as crucial for the provision of safe, cost-effective patient care (Campbell, 2009; Covell, 2009). In some healthcare organisations in the United States of America (USA) and Norway, for example, due to patients becoming sicker, having a lower length of stay in hospital and diagnostic and treatment interventions becoming more sophisticated, CPD is an essential component of employment. In both countries, systematic professional development is provided through engagement in clinical ladder programmes (Bjork et al, 2009; Riley et al, 2009). In Norway, the design of the ladders is guided by national criteria developed by the Norwegian Nurses Association. Ladders address the amount of course work to be undertaken, literature to be studied, supervision and the performance and documentation of a developmental project in nursing. Satisfiers for clinical ladder programmes include recognition with peers on all levels, personal satisfaction, professional growth and financial incentives (Bjork et al, 2009; Riley et al, 2009). Bjork et al (2009) and Riley et al (2009) indicate that the cost of the clinical ladder programmes is expensive. However the implications of benefits in terms of competence far outweigh the costs in monetary terms.

The Benefits/Outcomes of CPD

As indicated previously in this article, employers view that CPD is essential to ensure that nurses and other healthcare practitioners have up-to-date knowledge and skills in

order to provide safe, cost-effective high quality patient care. Research indicates that "nurse outcomes achieved from participation in organizationally sponsored CPD include the acquisition of new knowledge and changes in professional practice behaviors" (Covell, 2009). Overall it can be seen that where there is organisational investment in CPD (Refer to Box 1) there is a reduction in human resource costs, improved recruitment and retention and an improvement in patients' health outcomes (Riley et al, 2009; Covell, 2009).

Nurse/Other Healthcare Practitioners	Knowledge and skills enhancement
	Adherence to clinical guidelines and protocols
	Job satisfaction
Patient	Improved symptom management
	Prevention and the reduction of severe untoward incidents (SUIs)
	Greater satisfaction with care
	Improved patient experience

Conclusion

"An apple a day keeps the doctor away." In this article it has been argued that APEL, APL and/or CPD can do much the same in that each of these noble endeavours can ensure current and future employment. CPD is a requirement of regulatory and professional bodies and supported by healthcare organisations. There is a view that patients and healthcare institutions benefit when healthcare practitioners are competent. It has been further indicated that through CPD health professionals keep their skills and knowledge up to date and are able to work safely, legally and effectively.

Key Points:

CPD includes APEL (acquired prior experiential learning) which is independent experiential activities/short courses that are not accredited or APL (acquired prior learning) which involves prior study at a college or university in which academic credit was awarded (e.g., a degree programme of study or higher degree programme of study) or current academic study.

CPD should be what suits each individual practitioner's learning style and need.

Revalidation of fitness to practice means that nurses and midwives must sign a declaration when they renew their license that they have fulfilled the standards of 450 hours of practice and five study days in each three year period in order to enable re-registration on either the nursing and/or midwifery parts of the Register (NMC, 2008).

Employers view that CPD is essential to ensure that nurses and other healthcare practitioners have up-to-date knowledge and skills in order to provide safe, cost-effective high quality patient care.

Through CPD health professionals keep their skills and knowledge up to date and are able to work safely, legally and effectively.

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