Moving from a CPD to a workforce development approach: an innovative partnership model

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Aim and outcomes of this session

Aim
To explore an innovative workforce development approach developed through a doctoral participatory action research study (McNall 2012) as an alternative to the traditional model of university based education for post registration nursing CPD

Intended outcomes
1. Critically evaluate the differing aims and outcomes of a workforce development versus an educational approach in the context of developing the post registration nursing workforce
2. Analyse the critical elements of a workforce development approach and its importance for contemporary nursing practice and sustainable post registration continuing professional development
3. Appreciate the importance of facilitation to achieve the cultural shift and strategic partnerships necessary to transition to a workforce development approach
What is CPD?

“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” (DH 1998, my emphasis)

Traditional approach
- Providing education within universities
- Emphasis on individual acquiring knowledge (＆skills?)
- Assessment of learning by teachers

Expected outcomes
- Improved theoretical knowledge of individuals
- Assumes knowledgeable practitioners
  - Are skilful/competent
  - Have the ability to lead and develop practice

However:
- Practitioners are not always competent as a result of higher education
  - Dearing (1997)
- Little evidence that CPD has an impact on positive practice change
Current workforce drivers

- **Liberating the NHS: Developing the healthcare workforce (DH 2012)**
  - Flexible workforce needed
  - With the right professional and clinical skills
  - To provide care with compassion
  - To adapt to changing health needs
  - To innovate and develop practice
  - Link learning to improvement in patient outcomes
  - Ensure workforce development plans reflect current and future needs of patients

- **Education Outcomes Framework (DH 2013)**
  - Excellent learning experience
  - Staff have necessary competence, capability and performance
  - Ability to provide best practice, adapt to change in service delivery
  - Provide person-centred care
  - Widen participation

- **Investing in people: workforce plan for England (HEE 2014)**
  - Current education based on a ‘one size fits all’: where a medical model of care underpins some services which might be better delivered by a more preventative approach
Recent policy drivers for nursing

Compassion in practice (DH 2012)

- Helping people to stay independent, maximising wellbeing and improve outcomes.
- Working with people to provide a positive experience of care.
- Delivering high-quality care and measuring impact.
- Building and strengthening leadership.
- Ensuring we have the right staff, with the right skills, in the right place.
- Supporting positive staff experience.

Nursing and midwifery contribution to public health (DH 2013)

All nurses should: “Develop skills as health promoting practitioners, making every contact count”

- adopt a holistic approach to the care of individuals, making every contact count
- offer and provide up-to-date evidence-based advice and information on health and wellbeing
- provide advice and support to individuals at risk regarding preventable causes of premature mortality
- signpost individuals to people and agencies that can help them improve their health and wellbeing
- identify realistic and achievable goals when improving health and wellbeing of individuals including actions to achieve improvement
- listen to and support individuals, communicate concerns, refer with consent
Eraut (1997) defines professional capability within specialist or advanced roles as requiring a combination of two aspects of competency.

1. An *individually situated aspect*,
   - the ability to undertake specific aspects of the role which are context specific.

2. A *socially situated aspect*,
   - the ability to use generic transferable knowledge and skills to inform and develop practice.

3. **Practice specific competencies, within a framework of graduate competence**
   - Professional capability is dependent on situated knowledge, informed by not only theoretical understanding but also experiential and tacit knowledge developed and applied in the practice context.
   - As such, professional capability is more authentically developed and assessed in the practice setting rather than the classroom.
What is workforce development?

“...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to.....problems. **Workforce development should have a systems focus.** Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, **rather than just addressing education and training of individual mainstream workers**”.

Australia’s National Research Centre on Alcohol and other drugs Workforce Development (2002)
Nursing Workforce Development Post Registration is about...

- Individual development linked to KSF
- Knowledge and skills to fulfil a defined workplace role
- Person centred care: Ability to understand and respond to need
- Authentic work based learning and assessment to develop competencies

- Changing nature of practice: Integrated services; need specific practice competencies related to specialist practice, future-proofed
- Interpersonal skills to assess need and provide holistic care and support
- Patient & public involvement a statutory requirement – need knowledge and skills to use participatory approaches
- Changing the context & culture of practice

- Enabling staff to deliver on commissioned Service standards & specifications, KPIs
- Positive learning experience: Enhance individuals career chances and salary
- Enabling practice development: Making a positive difference to the client
- Helping organisations meet their KPIs

- Graduate level knowledge skills and abilities
- Adult learning Andragogy approach
- Authentic work based learning and assessment

- Professional competence: Analytical and creative thinking and innovation; Complex decision making

(McNall 2012)

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One of the important conceptual leaps involved in a workforce development approach is the shift to ‘systems thinking’. This is fundamental to grasping what workforce development is about. While education and training can be part of a workforce development perspective, they essentially focus on the individual learners or workers. The deficit requiring rectification (through training) is seen to lie with that individual. No further consideration is given to the organisational context in which that person operates or the wider system at large which may ultimately determine whether specific policies or practices can be put into place.”

(Roche 2001, pg 11)
Using a workforce development approach

Start by analysing

Service specifications / key performance indicators

Informed by critical analysis

Build in WFD requirement in Commissioning specifications

Effective stakeholder collaboration

Moving from a CPD to workforce development approach (McNall 2012)

Requires effective facilitation

Plan evaluation from multiple perspectives

Innovation models for workforce development & capacity building

Influence strategic educational commissioning

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An example in the context of sexual health....

- McNall, A (2012) An emancipatory practice development study: using critical discourse analysis to develop the theory and practice of sexual health nursing workforce development
Findings: In policy and in practice

Holistic sexual health
Sexual health, services, nursing & workforce development influenced by dominant medical discourse

Patient and public involvement
Services and interventions based upon normative need
Silenced by lack of participatory needs assessment

Integration community based holistic one stop shop
Maintenance of silo approaches in traditional clinic locations

Nurses as leaders of change
Medical control of nurses: nurses as technicians
Acceptance of illusory accounts of reality
Disempowered by dominant ideology of practice from providing services based upon user need

Education of nursing workforce to provide integrated clinical services and to lead practice development
Maintenance of silo training focused on technical-rational practice organized around medical specialties & colleges.
The art of nursing

— “the expert use and adaptation of empirical and metaphysical knowledge and values. It involves sensitively identifying need and adapting care to meet the needs of individual patients, and in the face of uncertainty, the discretionary use of creativity. It encompasses the ability to care for and care about the client, requiring an ability to work in partnership.”

Fingfeld-Connett (2008)
Sexual health advisers

Develop public health nursing knowledge & skills at individual and community level of practice
To conduct sexual health needs assessment in stigmatised context to understand diversity of need
Using participatory approaches
Leadership of Change towards person centred services and care
Tackle health inequalities

Curriculum development

Practice based learning
Competency assessed:
Specific competencies
Generic competence
Academically accredited

Clinical sexual health nurses

Develop public health knowledge and skills at individual level of practice
To undertake holistic assessment of need at individual level
Use participatory approach
Address all needs at point of care
Preventative as well as reactive care
Address determinants of sexual health eg. alcohol

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Sexual Health Advising

National community of enquiry
Department of Health
Society of Sexual Health Advisers
UNITE The Union
NMC professional advisory group
Skills for Health
UK Voluntary Public Health Register

Outcomes
Nationally: Consulted on, negotiated and agreed change to prepare sexual health advisers via the Specialist Community Public Health Nursing (SCPHN) Programme to register on the Public Health part of NMC register since 2008
Developed Competency Framework for Sexual Health Advisers mapped to public health proficiencies

Regional community of enquiry
Public health commissioner
Sexual health advisers
Academics teaching SCPHN course
Workforce development commissioner

Outcomes
Regionally: Studied the process of implementing the necessary changes in one region of England
Developed national guidance document to facilitate others to implement change in other regions
Clinical nursing: we needed...

Based on...
- A preventative person centred nursing model
- Valid and reliable competency assessment
- Evidence based, critical, analytical practitioners
- Regional community of enquiry
- Every contact count

Which had...
- Supported practice based learning
- Every contact count
- Practice development

Which developed capacity for further...
- Capable of making..
- Capable of leading..

Which led to..
- Regional community of enquiry
- Evidence based, critical, analytical practitioners
- Practice development
- Supported practice based learning
- Every contact count

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The NISHE model
Northumbria Integrated Sexual Health Education
Workforce Development package

An innovation by Northumbria University

TECHNOLOGY ENHANCED
Academically accredited
Practice based
Competency assessed
Innovative blended learning approach
How is it delivered?

**Blended learning**: a combination of face to face and technology enhanced learning opportunities, aligned with the principles of adult learning with the aim of providing realistic practical opportunities for independent learning (Graham 2005)
Distance learning is challenging for students.

Students need ongoing support when learning in practice settings (Mumford & Roodhouse 2010).

Lecturer/practitioner or Practice Educator roles known to close the theory/practice gap and support practice-based learning (the bridge).
Providing support via the practice educator role

Partnership model: PE salaries plus 180 student places were commissioned and funded regionally with hub (university) and spokes (geographical practice areas)

- **Cost effective: reduced provision from 7 to 2 modules, reduced time out of practice**

Practice educators are;
- Clinical Nurse Specialists in Integrated Sexual Health Practice
- Registered Nurse Teachers
- Hold honorary contracts to practice in all sexual health service provider services plus the university.
**Core Content:**

1. Integrated sexual health, current drivers for services.
2. What should be assessed in context of sexual health. How to conduct an integrated sexual health assessment.
3. Legal, ethical & professional issues & defensible decision making in sexual health.
4. Responding to identified sexual health need.
6. Clinical interventions & appropriate signposting.
7. Practice development for quality improvement (QIPP) and person-centred care.

**Assessment of Integrated Clinical Sexual Health Practice**

Portfolio to include:

- Initial self assessment against competency framework
- Negotiated learning plan
- Competency booklet with evidence of previous learning and mentor sign off
- Summative assessment – Proposal for practice development or integrated case study
The e learning package: interactive e learning, not e reading

- Video clips of Interactions & Procedures
  - Visual and engaging authentic learning
- Complex decision making tasks
  - Underpinned by current national and local guidance
  - Linked into current guidance documents
- Case studies
- Quizzes and tests
  - Check understanding
- Reflective activities
  - Students share learning via e portfolio with PE & receive formative feedback
  - Practice based seminars & workshops facilitated by PE
    - Interpersonal skills
    - Synthesis of knowledge to inform complex decision making
    - Developing academic skills

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Work streams developed in partnership

E learning package

Include content to
1. meet learning outcomes
2. lead to achievement of practice competence at the level of specialist practice

Competency framework

Practice specific competencies
Graduate competence: the knowledge skills and abilities to develop and lead practice
All linked to academic learning outcomes

Mechanism for student support

1. Provision of formative feedback via e portfolio
2. Develop capacity for competency development & assessment

Development of validated pathway leading to an academic award
Transferability of NISHE

• NISHE can be delivered in other regions
  • By a local university under a licence agreement with Northumbria
  • To the workforce of independent health care providers within their own practice areas, in a collaborative partnership with Northumbria
    Delivery of NISHE in either mode is facilitated by practice educator roles

• In either model, services & support provided are;
  – E learning package (collaboratively reviewed and updated annually)
  – E portfolio system (format for providing formative feedback & support to students)
  – Integrated competency framework (collaboratively reviewed and updated annually)
  – Know how to enable and deliver NISHE (consultancy services from our team)
  – Support available from network of university and practice educators using this approach (NISHE-NET)
Start by analysing
Agreed workforce development standards and competence level included in service specifications
Commissioning
Evaluation from multiple perspectives
Moving from a CPD to workforce development approach (McNall 2012) Requires effective facilitation
Gaining strategic support for commissioning via HEE, provider organisations and service commissioners
Informed by critical analysis
Effective stakeholder collaboration
Innovative models for workforce development & capacity building
Commissioners, service providers, students & educationalists
Develop agreement on required outcomes, competency frameworks

Educational commissioning for quality
Authentic, practice based, blended and technology enhanced learning Developing capacity to assess competence

Student learning & experience – NSS Competency development Practice development Service user experience Cost effectiveness

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What is facilitation?

“A facilitator is an individual who enables groups and organisations to work more effectively; to collaborate and achieve synergy...

A facilitator can assist a group in thinking deeply about its assumptions, beliefs and values and its systemic processes and content”

(Kaner et al 2007, pg 10)

- A facilitator influences hearts and minds (Simmons 2004) and encourages the heart (Kouzes & Pozner 2002)
- Nurse teachers already possess many facilitation skills - this requires a new way of working outside of the confines of the university, in partnership with commissioners and providers

- I offer my participatory multiple discourse model of workforce development as a means of engaged scholarship (Van der Ven 2007, McCormack 2011) as a framework to create connections between education and practice providers to enable the co-production of knowledge and practice of effective workforce development.
- The praxis of facilitating and leading complex, systems level workforce development is articulated in my thesis (McNall 2012)
Transferable learning: 3 key messages

- Move from CPD to workforce development approach
  - Practice based
  - Competency assessed
  - Technology enabled blended learning

- Use a partnership approach such as PAR to explore
  - Multiple perspectives of need
  - Find innovative solutions
  - Co-develop competency frameworks
    - Empower nurses and public health practitioners to lead practice development through effective workforce development

- The process requires facilitation - needs strong nursing leadership
Have the courage to lead...

- “If nurses, including nurse academics, do not provide leadership in achieving the transformations required for health care reform, a space will be left for others to determine the focus and future of health care developments and reforms. The very real risk of nursing focusing on a limited range of interests and activities, largely in response to changes within the university system, is that of becoming irrelevant to health services and communities” (Crisp & Wilson, 2011, pg173)
• Thank you for your attention
• Questions?
• If you are interested in adopting the NISHE model in your own area or want help on using the WFD approach in other contexts, contact;
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  • 0191 215 6139
References

- National Committee of Inquiry into Higher Education (1997) Reports of the National Committee of Inquiry into Higher Education (Dearing Report)