

THE CHALLENGE OF CONTINUING PROFESSIONAL DEVELOPMENT

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Introduction

1. Service in the Australian Defence Force places significant difficulties in the way of its Nursing Officers attempting to maintain basic skills competence and pursue continuing professional development (CPD). This paper will review the drivers for Nursing Officers to engage in ongoing professional education, the challenges faced by individuals, their units and the wider Defence Health Service in supporting professional development activities, and the generic benefits to the Australian Defence Force from such activities. Recent national nursing and government conclusions will be identified throughout in order to highlight the requirement for ADF Nurses to maintain professional continuity with the broader nursing community.

Drivers for Professional Development

2. The Australian Nursing Council Incorporated (ANCI) in its "Code of Professional Conduct for Nurses in Australia (1995)" identifies that "*nurses are personally accountable for the provision of safe and competent nursing care. Therefore it is the responsibility of each nurse to maintain the competence necessary for current practice*".¹ This requirement is achieved through ongoing education to upgrade knowledge and skills pertinent to individual practice requirements.

3. The ANCI Code of Ethics for Nurses in Australia (1993, revised 2002)² amplifies these fundamental moral commitments of the profession and identifies the basic tenets for professional conduct. This keystone statement document identifies 6 Value Statements, 2 of which specifically identify the need for ongoing nursing education post initial training. The 3rd Value Statement identifies that "*Nurses promote and uphold the provision of quality nursing care for all people*", recognising that quality nursing care includes competent care provided by appropriately prepared nurses who embrace life-long learning and continuing education as a means of maintaining and increasing knowledge and skills. The 5th Value Statement identifies

that as *“morally autonomous professionals, nurses are accountable for their clinical decision making and have moral and legal obligations for the provision of safe and competent nursing care”*.

4. Having accepted the ANCI Standards as the national framework for professional practice, the various State Nursing Registration authorities around Australia have to varying degrees required nurses to provide statements regarding such ongoing competency as a condition for annual re-registration. The most common requirement is a self-assessment where nurses affirm statements regarding ongoing professional development and clinical competency. Conclusions made by the recent Senate Committee Report into Nursing *“The Patient Profession: Time For Action”* (June 2002)³ makes it increasingly likely that such measures will be formalised with requirements for production of evidence of compulsory continuing education; as is the case with a number of other regulated professional groups.

5. In line with this emerging requirement, the Royal College of Nursing – Australia issued a Policy Statement on *“Continuing Professional Development”*. This document states the College’s belief that *“Nurses recognise that, as providers of nursing care, they are accountable for the quality of their practice and therefore accept personal responsibility for continuing professional development”*.⁴ They have subsequently established a voluntary ‘pilot’ system of Continuing Nursing Education (CNE) endorsement to assist future development and introduction of compulsory CNE validation. The aims of the program are to promote reflective practice and professional accountability through a process of assigning credit points to a range of formal and informal accredited learning activities. Participants are required to maintain log sheets and reflective diaries detailing learning needs, activities and outcomes. Yearly audits of a number of participants will be conducted to monitor compliance with the process, and a random survey of the program will be conducted to gauge efficiency, effectiveness and acceptability generally.

6. GPCAPT H. Doherty through the strategic guidance document *“Nursing in the ADF: The Way Ahead”*⁵ envisioned a future where ADF Nursing will be a profession of advanced practices, with an ongoing requirement for the development of a range of specialist practices leading to employment of Military Nurse Practitioners. The ANCI

Competency Standards⁶ have been adopted as the generic entry level standards by which ADF Nursing Officers will be challenged both on entry and throughout their subsequent careers.⁷ This vision is in line with emerging civilian requirements - Recommendation 53 of the Senate Enquiry⁸ identified that career pathways need to be developed to include continued clinical practice and study to accelerate nurses to advanced practitioner level. Allied to this requirement is a call for a greater recognition of the value of postgraduate study within the health community, including by employers and through the introduction of commensurate remuneration.

Individual Challenges

7. The RCNA in its submission to the National Review of Nursing Education identified that “*Responsibility for continuing education falls equally but in different ways between Government, industry and the individual*”.⁹ The challenges, benefits and liabilities of meeting these responsibilities are also equally shared in differing proportions and ways.

8. Generally speaking, nurses want to engage in ongoing learning. Reasons identified by the RCNA include ‘career development/advancement’, to ‘improve patient safety’, ‘know I’m doing the right thing’ and ‘to keep current’.¹⁰ Challenges to individual efforts include temporal (time), financial (cost), issues of availability and access, and spiritual (too tired after work, want/need to spend more time with family/personal needs). Adult learners will seek out learning opportunities themselves, but need to integrate these opportunities into their other responsibilities often with great difficulty and personal cost. It remains therefore to employers, educators and Government to address issues such as access to appropriate knowledge delivery mechanisms and financial and workplace support.

9. Opportunities for individuals include subscription to journals and newsletters, membership of professional bodies and specialist interest groups, regular perusal of internet based information resources and participation in email professional discussion groups. The RCNA identified that individuals can best keep up to date “*by joining a professional organisation which provides members with the discipline required for life long learning, up to date information, the opportunity to engage in such activities...to earn Continuing Professional Development (CPD) points or gain*

credentials".¹¹ Industrial conditions of employment in the Australian community have made such activities more readily available through the increasingly common ability for nurses to salary package professional education expenses and memberships, and the otherwise ongoing tax deductibility status of professional education expenses. Issues remain in regard to access to post-graduate education, especially the barrier of cost, and the availability of time to undertake formal educational opportunities.

Organisational Challenges

10. Anne Tanner in her February 2002 article "Professional Staff Education: Quantifying Costs and Outcomes"¹² identified difficulties organisations face in supporting both internal efforts and externally sourced staff education systems. She identified that institutions are often unable to quantify the benefits gained from staff education, making validation to financial managers difficult in fiscally constrained times. Staff development organisations are often seen as ripe for "right-sizing" when the economic rationalists come looking for cost containment measures. Health systems face myriad challenges including:

- a. the costs associated with providing educational staff, facilities and resources, and backfilling participants in respective work areas;
- b. the challenges of meeting differing learning styles, capabilities and requirements amongst staff populations;
- c. access to and ongoing validation of externally provided (and internally funded) courses, seminars and activities; and
- d. the effects on staff morale of not providing popular, accessible, equitable, credible and reasonable (time/tempo/commitment) programs for ongoing professional development.

11. ADF health units are particularly constrained in their ability to meet these challenges. Lead times for the small amount of funding available to support attendance by staff at professional development opportunities often mean that individual bids become invalid for a number of service related reasons. Funds may roll over to other members, but can result in inequities of access and support. Manning caps and activity support requirements in our deployable units also limit the

time available for Nursing Officers and other professionals to pursue both independent and collective training. Operational and exercise support requirements place great strains on the ability of units to provide staff for employment in strictly clinical settings. Besides limiting practical clinical experience, this may result in delays in Officers gaining specialist practice qualifications in comparison with their civilian peers; a professional issue worthy of further investigation.

Governance Challenges

11. At the head of responsibility for providing quality health care to the Australian community is the Government itself. Whilst it's role is principally concerned with overall health care standards and funding, it is also concerned with equity of access to nursing education at all levels.

12. Immediate and ongoing measures must be established to support Nurses throughout their professional careers in order to provide for an appropriately prepared and professionally competent Defence Health Service of the future. Measures must encompass the spectrum from initial induction of new graduates into individual services through to development as Nurse Practitioners or Health Service commanders and leaders within the Defence Health hierarchy. LTCOL Paul Adams in his paper "Clinical Governance within the Defence Health Service"¹³ identified that systems of clinical governance must foster professionally wholistic environments in which individual responsibility and accountability is promoted and where administrative and clinical systems support the desired quality improvement outcomes. The development and maintenance of staff competence underpins all efforts in quality improvement. Organisational challenges however exist to impede progress; with organisational acceptance issues, financial constraints and single service suspensions being identified as particularly problematic for the ADF.

13. Policies and directives exist to emphasise the relationship between the professions, health outcomes and the Defence Health Service. Defence Health Policy Directive (HPD) 918 "Standards of Health Care in the Australian Defence Force" states that "*safe standards of care relate to staffing levels, training and experience*".¹⁴ These three factors are predominantly within the control of the health system. Similarly, HPD 915 "Code of Practice for Health Care Providers within the Defence

Health Service”¹⁵ includes requirements to act in accordance with professional standards and with accountability in relation to health care provision. The ability to continue to do so is dependent on ongoing education as to the current professional and broader standards and the means by which they are achieved.

14. System wide evolution and associated funding is therefore required to support the above standards of practice. The range of measures required to aid development of the nursing workforce includes;

- a. improved systems of professional consultation and communication to gain widest possible acceptance of emerging strategies and policies,
- b. augmented staff levels in health units to enable preceptor and mentoring systems underpinned by dedicated nurse educators and clinical nurse specialists;
- c. funding to assist (and where necessary, back-fill) nurses from clinical and unit workplaces to attend inservice, career and external educational opportunities; and
- d. support for the employment and activities of nurse researchers into military nursing clinical practices and education systems, wider ADF community health education, and Defence Health Service system capability development and management.

Benefits

13. Despite the earlier identified challenges, generic benefits also accrue to health care systems for supporting opportunities, such as:

- a. more effective integration of new personnel to the health system and individual work places;
- b. improved staff recruitment and retention through enhanced professional satisfaction and maintenance of interest in organisational values and practices;
- c. improved patient care outcomes (including reducing hospitalisation times) through integration of most recent developments and research into clinical work practices;

- d. reduced exposure to medical compensation claims and legal tort for professional negligence; and
- e. reductions in overall personnel costs (from injury and illness) as staff become increasingly confident, happy, multi-skilled and competent.

14. Issues of professional competence, allied to industrial concerns relating to equity of access to ongoing professional development opportunities comparable to the broader Australian nursing workforce can therefore be balanced against the resultant improvements in quality health care delivery from supporting continuing professional development.

Conclusion

15. Defence Force service places additional challenges on Nurses needing to undertake ongoing professional development. Professional drivers for ongoing education exist, with the challenges faced being both similar and additional to those encountered by their civilian counterparts. The benefits are however generic for all. The Defence Health Service must therefore maintain visibility of national nursing and government developments that highlight the need for Nurses to maintain professional development in order to provide appropriate support. It is through the integration of individual efforts, workplace assistance and broad Health Service support that ADF Nursing Officers will be able to access educational opportunities that best meet their individual learning styles, needs and career aspirations to the benefit of health care delivery to the ADF as a whole.

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