

## Unit Four

# Personal and professional development of health care assistants from a general practice employer's perspective

### Key messages

Reading this unit will:

- *help you to understand the benefits of an effective personal development and appraisal process*
- *explain the link between effective personal development policies and the quality and outcomes framework (QOF)*

## What is personal and professional development?

Personal and professional development is a continual process of evaluating learning needs and planning learning to meet those needs. This is underpinned by a system of regular appraisal to review progress and plan future actions. Documenting this process in a personal development plan (PDP) helps the employee and the practice to prioritise and monitor the development process, and to take appropriate action to support the individual.

HCA's can benefit from a positive culture of personal and professional development by keeping a PDP to support the development and expansion of their role.

## The benefits to the practice of PDPs

Improving the skills of the practice workforce benefits the practice, the patients and the NHS. PDPs are essential for demonstrating clinical governance and are an integral part of the risk-management strategy for the practice. PDPs:

- *demonstrate best practice in action*
- *show that the practice is meeting learning and development needs in a cost-effective way*
- *help staff to realise their potential – thereby helping with recruitment and retention.*

Staff feel appreciated when they are given the opportunities and encouragement needed to follow their PDP. They are also more likely to remain employed in the organisation. The implementation of learning action plans following the review of a PDP should ultimately result in improvements in patient care. General practices, in turn, will have a greater chance of reaching QOF targets and will employ resources efficiently by using the skill mix of their staff effectively. Practices will also be able to plan for the future retention and hiring of staff.

PDPs help individual staff, the team and the practice to develop and maintain the skills, knowledge and attitudes needed to deliver services in primary care.

## Contributing to practice performance

The 2006/2007 QOF includes specific indicators for education and training under the organisational domain that could be met through the use of PDPs and appraisal.

Table: Education, training and appraisal indicators in the QOF<sup>2</sup>

Indicators	Points*
1. There is a record of all practice-employed clinical staff having attended training/updating in basic life-support skills in the preceding 18 months	4
2. The practice has undertaken a minimum of three significant event reviews within the last year	6
3. All new staff receive induction training	3
4. There is a record of all practice-employed staff having attended training/updating in basic life-support skills in the preceding 36 months	3
5. The practice conducts an annual review of patient complaints and suggestions to ascertain general learning points, which are shared with the team	3
6. The practice has undertaken a minimum of 12 significant event reviews in the previous 3 years, including specified subjects	4
7. All practice-employed nurses have personal learning plans, which have been reviewed at annual appraisal	5
8. All practice-employed non-clinical team members have an annual appraisal	3

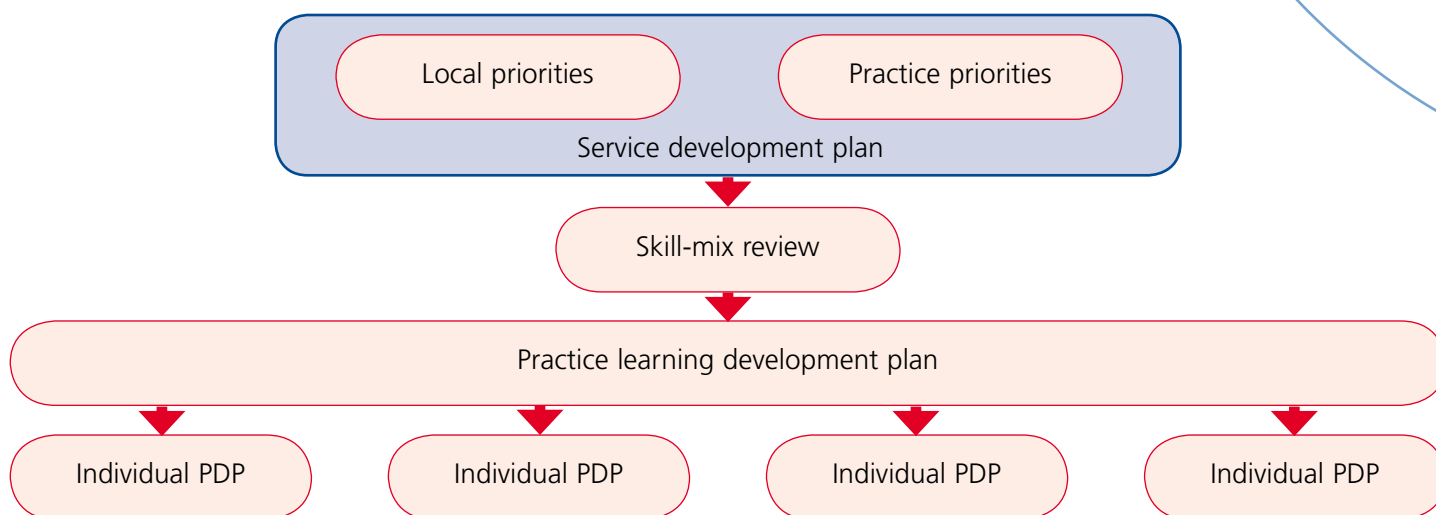
(\*Numbers are from the 2006/07 QOF.)

## Developing a learning programme to support the practices service development plan

The practice's training needs are linked to its plans for developing the services provided to its patients. Putting in place individual PDPs that support the practice to achieve its service development aspirations will contribute to the overall success of the practice and maximise benefits for patients.

To develop a comprehensive and meaningful learning plan you should:

- *review the practice's priorities*
- *identify current and future skill requirements through a skill-mix audit*
- *identify any individual preferences or priorities for training and development.*



### Practice priorities

Review the priorities for service development for the forthcoming year or, looking ahead, the next 3 or more years. The service development plan should include important NHS priorities such as<sup>1</sup>:

- *those in the **PCT development plan***
- *recent or expected **National Service Frameworks (NSFs) and National Institute for Health and Clinical Excellence (NICE) guidelines***
- ***local priorities**, such as conditions for which there are higher-than-average death rates in your local population; or sub-groups of your population that have particular needs, eg those from ethnic minority communities*
- *current or anticipated **changes in your service delivery**, such as if you are developing new models of care with integrated nursing teams*
- *changes in the **QOF**.*

### Skill-mix review

Unless the knowledge and skills of your staff are developed, patients will receive a poor level of service and income will be reduced. The Box: *Skill-mix review* shows how an audit of skills can identify opportunities to improve the level of patient service provided and further develop staff skills.

## Example: Skill-mix review

The Anywhere practice was struggling to provide appointments with practice nurses since they had taken on much of the routine management of long-term conditions. The doctors complained that they were being asked to see people in their appointment slots for tasks previously done by the nurses and this was having a knock-on effect on the availability of doctor appointments.

A review of the skill mix showed that two of the recently appointed HCAs were still practising under supervision, taking the nurses away from their clinics. The HCAs had only had their basic induction training, and had yet to complete their phlebotomy and ECG training.

The practice manager was asked to look for training opportunities urgently, so that a better service could be provided and the management of patients with long-term conditions completed to achieve the QOF points (see [Tool - Skill-mix audit template](#)).

### Identifying individual needs and priorities

In order to ensure the service development plan meets the needs of the practice, it might be useful to consider:

- **identifying** service development needs and staff learning needs
- **encouraging** individuals to self-appraise and evaluate their learning, and contribute those reports to the overall evaluation.

By using feedback, assessment of information from staff and PDPs, decide on the main areas of planned development for which you and other staff will need new knowledge and skills.

See [Tool - Drafting your personal development plan as a health care assistant](#) for examples of how to draw up a PDP and see [Tool - Planning for your appraisal - what an appraisal should cover](#) for examples of what to expect in an appraisal.

Consider asking others from outside the practice to comment on whether they think you have framed your service development plan and associated learning programme appropriately. The views of patients, the public (ie non-service users), others in the PCT, local tutors, etc could be useful.

## Practice-based professional development

To achieve the practice's training needs, the following will need to be considered:

1. **define objectives**
2. **identify learning needs**
3. **assess the infrastructure needed to deliver the plan – support, motivation and assessment.**

### 1. Define objectives

Set clear goals for the practice and a time period to achieve them in:

- *define the short-term objectives for the practice-based learning and service development plan for the next year*
- *define the medium-term objectives for up to 3 years.*

### 2. Identify learning needs

Identify the learning needs that are essential to delivery of the practice-based professional development and clinical governance programmes. Balance the clinical and non-clinical needs of individuals and their working environment. This balance will include:

- *generic learning that is relevant for everyone, eg communication skills, confidentiality, fire drill, resuscitation*
- *team building*
- *specific skills for the particular roles and responsibilities of the HCAs included in the workplace-based plan.*

### 3. Assess the infrastructure needed to deliver the plan

The infrastructure required to deliver the education and training plans for the practice, and the resources required should be assessed. When you are developing your overall practice-based learning plan, you will need to consider:

- **the staff it involves** – just one or all the HCAs, other staff doing generic training, supervision required etc
- **the level of resource costs** – for example, the amount of study time needed, actual costs to individuals and the practice, and opportunity costs.

It is also essential to consider how to:

- *motivate the staff*
- *prioritise different learning needs between topics and between staff (see Box: Balancing personal aspirations and practice priorities)*
- *support staff*
- *evaluate what has been achieved*
- *assess and include new learning needs as they arise.*

#### Example: Balancing personal aspirations and practice priorities

Lindsey had noticed that many of the people she saw for blood pressure checks did not understand the reasons for their medication or what other non-pharmacological actions they could take to reduce their raised levels. She knew that another HCA she had met on a course had done training in health promotion, so she put this in her PDP. When she discussed this with her supervisor, she was disappointed to hear that one of the practice nurses was about to do a module of training in health promotion with a special emphasis on cardiovascular disease. She had to accept that the practice had no need for her to acquire this knowledge and skill, nor had they the money to fund it at this time. However, once this priority for the practice had been fulfilled, she would have the opportunity to have her interest considered again.

Devise the programme to meet the practice's prioritised learning needs. Each member of staff needs to know what is their role and responsibility to contribute to the overall practice-based plan. Writing out the programme as a timetabled action plan as in Box: *Learning plan to meet development plans for HCAs* might be a useful approach.

## Learning plan to meet development plans for HCAs

Development needs	Actions
Find out who needs what in your practice	
In-house teaching and learning	
Reading/distance learning courses	
Internet resources	
Meetings or courses outside the practice	
Applying what has been learned by putting it into practice	
How, and by whom, the learning will be assessed and achievements monitored	
How, and by whom, new learning needs will be identified and included	
Practice team work	
Away-day(s)	

## Motivation and the learning culture in the practice

Implementing a learning culture within the practice includes asking people what motivates them. Some will want more money, others more time, some more flexibility in their work schedule, others more challenging jobs. Observe how each person responds to the rewards on offer (see [Unit 6: Career planning and development for health care assistants](#) for more information).

### Praise should be given:

- *immediately after the successful completion of part or all of the task*
- *from someone who knows what the task involved*
- *from an understanding of what the task involved.*

## Incentives may include:

- *personal or written congratulations from a respected colleague or immediate superior*
- *public recognition*
- *an announcement of success at team meetings*
- *recognising that the last job was well done and asking for an opinion of the next one*
- *providing specific and frequent feedback (positive first)*
- *providing information on how the task has affected the performance of the organisation or management of a patient*
- *giving encouragement to increase the knowledge and skills needed to do even better*
- *making time to listen to ideas, complaints or difficulties*
- *learning from mistakes and making visible changes.*

Start with the positive and start with the small things. Most of us are not making earth-shattering advances every day, but little achievements and completions.

## Performance issues

The PDP is not suitable for use in disciplinary matters, except as a record of competence and learning needs. Although it is important to deal with discipline and grievance issues fairly and effectively, you should try to prevent problems arising in the first place. The first step is to understand the relationship between discipline and grievance issues and wider issues like communication, induction and training. If managers and staff are in the habit of talking to each other openly about what is happening at work then specific problems, such as lack of training, resources or poor motivation, can be resolved before any disciplinary action becomes necessary.

Detailed advice and leaflets on employment procedures, disciplinary action and grievance issues are available from Advisory, Conciliation and Arbitration Service (ACAS).<sup>3</sup> More information is available in [Unit 2: Employment](#).

Many problems can be sorted out through informal dialogue between managers and staff. The use of the formal disciplinary and grievance procedures should be considered a last resort, rather than the first option.

## How to review and appraise

In most circumstances, the appraiser will be the line manager for the employee. Training should equip appraisers with the skills necessary to carry out appraisal effectively.<sup>4</sup>

Listening is a particularly important skill for an appraiser. This means not interrupting, not dominating the conversation, and not going in with pre-judged ideas and conclusions already made.

The balance of talking in an appraisal interview should be roughly 80:20 as the ratio between the HCA and the appraiser. The appraiser should give constructive feedback to those they appraise to encourage their best performance. See [Tool - Giving feedback constructively – as a reviewer or an appraiser](#) and

**Tool - Being an effective appraiser: preparing well** to learn more about being an effective appraiser.

Sample appraisal records are available, see:

- **Tool - Performance review summary** – based on the Knowledge and Skills Framework.

Carrying out an appraisal is a skill that can be learned. It is good practice for appraisers to undertake training for this role. The PCT may be a source of training or sign posting for appraisers looking for support.

Setting aside time for learning is helped by setting priorities, which can be explained and negotiated at four levels in descending order of need for the practice:

- *mandatory, where the task or subject is urgent and essential to the safety of patients*
- *identified as essential to the job during appraisal, perhaps to support the practice business plan or the development of the role of the HCA*
- *career and job-development related that may be of benefit to the current role or to the future role in succession planning*
- *personal development that mainly benefits the individual and has little relevance to the current role.*

## Priority setting to create time for learning

**Tool - Sources of useful information** gives details of organisations that can help in the development of PDPs, and learning opportunities and good practice in appraisal.

The practice manager, administrative GP or lead nurse may need to liaise with the PCT or education provider to evaluate the PDPs produced and their usefulness in identifying learning needs (see **Tool - Evaluation tool to measure the effectiveness of appraiser facilitation of a personal development plan**).

To evaluate communication skills in relation to giving feedback and conducting an appraisal you may find it useful to use **Tool - Self check of communication knowledge and skills as an appraiser**.

Consider how it can be demonstrated to the public, as well as to the PCT via QOF points, that reviews of PDPs and the necessary actions are being carried out. A practice newsletter or a notice board to publicise and celebrate the achievements of staff could be used.

### Summary

- *Personal and professional development is a continual process of evaluating learning needs and planning learning to meet those needs.*
- *Improving the skills of the practice workforce benefits the practice, the patients and the NHS.*
- *There are 31 QOF points that can be addressed through effective personal development and appraisal policies.*
- *Linking the practice service development plan with individual PDPs will get the most out of the appraisal process. This can be done by:*
  - *reviewing practice priorities*
  - *undertaking a skill-mix review*
  - *putting in place PDPs.*

*(This unit provides you with tools and resources to do all of the above).*

- *The appraisal process requires the right skills and qualities in the appraiser – training is available to support practices to develop appraisal techniques.*

#### References

1. Wakley G, Chambers R. *Continuing Professional Development in Primary Care*. Oxford: Radcliffe Medical Press; 2000.
2. West Midlands Regional LMC. *Investing in General Practice – The Blue Book*. [http://www.wmrlmc.co.uk/gms2/f\\_bluebook.htm](http://www.wmrlmc.co.uk/gms2/f_bluebook.htm).
3. Advisory, Conciliation and Arbitration Service (ACAS). Publication. ACAS website. <http://www.acas.org.uk/publications/>.
4. Chambers R, Tavabie A, Mohanna K, Wakley G. *The Good Appraisal Toolkit for Primary Care*. Oxford: Radcliffe Publishing; 2004.