

Unit Four

Personal and professional development of health care assistants from an HCA's perspective

Key messages

Reading this unit will:

- help you to understand the personal development plan (PDP) process – what is included and how you evaluate your plan
- help you to identify your learning needs and priorities
- prepare you for the appraisal process
- provide you with a template for recording your PDP and records of your learning.

What is personal and professional development?

Personal and professional development is a continuous process of reviewing your learning needs and planning learning to meet those needs. This is supported by a system of regular appraisal with your employer to review progress with your personal development and to plan future actions. Documenting this process in a PDP helps you and your employer to prioritise and monitor your development.

The PDP records the essential items identified by you the health care assistant (HCA) and your appraiser each year. You should also record how and when you, and the practice, have met those learning and development needs. Each time you have a review or appraisal, you and your appraiser will look at the achievements in the previous year before you plan next year's tasks and objectives. The Box: *Items to include in an HCA's PDP* details the types of things that should be contained in a PDP.

Items to include in an HCA's PDP

- A list of what your current work as an HCA entails and how competent you are in those tasks (see [Unit 3: Competences](#)).
- Learning and development gaps in your role as an HCA that you or others have identified.
- Non-training needs (see [Tool - How to identify non-training needs that affect your standard of performance at work](#)).
- Topics for learning as a result of changes, or anticipated changes, in the organisation, or in your role as an HCA.
- The results of identifying shared learning needs of others in your workplace and prioritising learning goals with your mentor, supervisor or employer.
- How you will achieve your professional development goals, what time period this will require and how the learning outcomes will be evaluated.

The **Tool - Drafting your personal development plan as a health care assistant** gives you some useful examples of what to consider and include when developing your PDP.

When you have prepared a draft of your PDP for your review or appraisal, you should put it to one side for a few days to think about it and see if you can picture how it would work in practice. You should then make any changes and discuss the PDP at intervals with your practice mentor or supervisor. This gives you a chance to establish what other information you, your supervisor or your employer might need to fulfil the PDP, or to modify it to align with changes within the practice or from the outside.

Setting a baseline

You should also consider what you are hoping to achieve from your learning needs assessment, previous appraisal and PDP. Your expected outcomes should be matched by methods that look at whether you have reached your targets or how near you are to reaching them. The methods used will be similar to those used to identify learning needs and should capture baseline information about performance. See Box: *Setting measures* below, which outlines the issues to consider.

Setting measures

Consider evaluating whether:

- *you have a reasonable amount of protected learning time at work*
- *your reflective learning is helpful to your work and understanding*
- *the contents of your previous PDP were what you needed*
- *you have learnt what you set out to do.*

You should also look at whether:

- *you identified any particular learning needs or problems associated with the services or care you deliver*
- *you made changes to the care given, which resulted in improvements in the health or social outcomes for patients*
- *you fulfilled your teamwork roles and responsibilities in the areas you focused on.*

It is useful for you, as an HCA, to get feedback from a supervisor after you have learnt about a particular topic and applied your learning in practice. You can then record the signed-off competences that you have achieved. It is useful to look at all aspects of the structure, process and outcome of a service or project to see if targets have been achieved. See **Unit 9: Completing the cycle – evaluation from the HCA's perspective** for other ideas about evaluation.

Setting priorities

Conflicts between what you as an HCA would personally like to do and what is needed will always exist. There may be different opinions on what is needed from a personal perspective versus what the practice actually needs. Priority setting and decision making involve balancing both short- and long-term goals. Anticipate the obstacles, make appropriate plans and decisions, and take timely action in pursuit of these priorities. Together, you and your employer have to make choices and take action, especially when there are competing demands. You need to work together to agree the degrees of importance, involvement and action that should be given to each task. See Box: *Balancing personal aspirations and practice priorities* for an example of how these can be balanced.

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.

Developing knowledge and skills through training

Each PDP is a personal document. It should help you to ensure that your present knowledge and skill level is maintained at least at the current level. Your supervisor, practice mentor or employer and other members of the practice team need to give you active encouragement to help you to realise your potential, and promote any latent abilities.

As an HCA you will need to think about whether you want to widen or change your present role, for example you may be able to obtain support to do an NVQ at Level 3 (see [Unit 5: Education and training](#)) and use this to train as a nurse or allied healthcare professional. There is more information about career development and the different kinds of mentors in Unit 6 (see [Unit 6: Career planning and development for health care assistants](#)). The Box: *Personal development plans in practice* gives an example of how education and training can be tailored to suit your needs as an HCA and how these form part of the PDP.

Example: Personal development plans in practice

Alicia had always been interested in nursing, but had left school with few qualifications. She married early and quickly had three children. Once the children were all at school, she worked part time as a receptionist at one of her local GP surgeries. As the practice nurse had a very high workload, the practice asked her to do the practical training to become a phlebotomist.

She successfully combined the two jobs for a year, but could not see how she could do the NVQ training that her supervisor now wanted her to do until her children were older and not needing as much attention. In discussions with the practice manager and the practice nurse, she said she was happy to undertake further education and training in practice time, but had no free time at home to devote to career building. This was noted in her PDP to be discussed again at her next review.

Tool - Drafting your personal development plan as a health care assistant can help you decide what you are aiming for in your career development path. [Unit 5: Education and training](#) will help you with what learning paths you might take. Much of the learning will be available within the practice (see Box: *Typical in-house learning in a general practice*). However, some education and training may need to be arranged as courses or workshops outside of the practice (see [Unit 5: Education and training](#)).

Example: Typical in-house learning in a general practice

The practice asked John if he would like to take over helping the doctor in his joint injection clinic to free up the time of one of the practice nurses. The practice manager arranged for John and the practice nurse to have a session together, before the injection clinic, to go through all the equipment, how it should be laid out and the responsibilities of the assistant.

With consent from the patients, John then observed the practice nurse and doctor working together, with the two of them explaining what was being done and why. At the next session, John did some of the assisting, while the practice nurse gave him prompts. Then John did the whole of the following clinic on his own, with the practice nurse occasionally prompting him. By the next clinic, the doctor felt confident that John would be able to manage, so the practice nurse assessed his competence over the first few procedures and then left him to carry on. John recorded what he had achieved in his PDP.

Keeping records

It is important that you keep records of learning in preparation for your review. It is relatively easy to record **attendance** at a course of instruction, but the **application of that knowledge or skill** and what reflections (thoughts) you have about doing so should also be recorded (see Box: *Keeping records*).

Example: Keeping records

Laura had been on a course for phlebotomy, but found when she came to put it into practice that the tests requested by the doctors were often not clearly stated. Although she had fed this back through her supervisor during her practical training, she still found it difficult to interpret what tests were needed and felt she would like clearer instructions. She recorded this opinion and her thoughts that the patient might well have to return for further tests if she got it wrong. She had no problem asking the doctors when she knew she did not know which tests to take, but was worried that she might make the wrong assumptions. She had discussed this with others who took blood tests and found that they were all similarly concerned. The appraiser offered that it could be suggested at a future practice meeting that the doctors could use the drop-down list on the computer to list all the tests required. As a result, it would be the doctors' responsibility, not the phlebotomist's, to decide what tests were needed.

It is up to you as to how you keep your record of learning.

See [Tool - Keeping records for your personal development plan as a health care assistant](#) for examples of how to keep records.

The written overview of the appraisal should include:

- *a concise account of what has been achieved in the last year*
- *the targets and objectives for the action plan developed for the next year*
- *the essential tasks for updating your PDP*
- *any action required by your practice/PCT to meet local needs or those in the wider community.*

The action might be about:

- *undertaking planned exercises to identify your particular learning needs, or problems with the services or care you deliver*
- *following the timetabled learning plan you have drawn up for one or more specific topics in ways that suit what it is that you need to learn about*
- *evaluating the progress you have made with learning about the particular topic areas you have chosen and any subsequent changes in your practice, behaviour or attitudes*
- *your teamwork roles and responsibilities in the areas upon which you are focusing.*

Review and appraisal

A review or an appraisal¹ is a formative and developmental process. It is not a judgement that you pass or fail, but a discussion between you and your appraiser of what has been done, what has been identified as needing to be done, and what your appraiser and you decide could be improved on or achieved in the future.

Important areas to cover in an appraisal include actions to:

- *maintain skills and levels of service to patients in general practice*
- *develop or acquire new skills*
- *change or improve existing practice.*

The appraisal should also address other areas of particular importance to the individual. This might include:

- *communication and relationships with other members of the practice team*
- *health and safety*
- *personal health or concerns that impinge on work*
- *relationships with patients.*

The Table: *What to do about common fears of appraisal* shows how to manage common concerns that people have about the appraisal process.

What to do about common fears of appraisal

Fear	Possible solution
<p>Uncertainty about what the process will involve</p>	<ul style="list-style-type: none"> • Ask the appraiser or other HCAs who have already been through it, what it involves • Ask for a copy of the appraisal documentation in advance so that you can be sure of the process • Look at the Tool - Planning for your appraisal - what an appraisal should cover tool Planning for your appraisal for tips and hints as to what is likely to be discussed at appraisal • Try not to worry. Part of the appraiser's role is to make this a pleasant process to celebrate your successes and look for ways to develop/enhance your performance.
<p>Lack of confidence in the skills of the appraiser</p>	<ul style="list-style-type: none"> • This is more difficult, but if you have prepared well in advance and given a copy of your notes to your appraiser before the day, then you should be able to tick all the points as they are discussed. • The actual appraisal discussion can be difficult and demanding, especially if the appraiser is new to the reviewing process. • Sometimes the expectations of each party can be different and too high. • Remember that open, honest and constructive discussion will help everyone become more confident in their role.
<p>Reluctance to reveal weaknesses about your practice or performance in case you are penalised in some way</p>	<ul style="list-style-type: none"> • The appraisal process is one of support and development, looking at strengths as well as weaknesses. • This is an ideal time to talk in confidence about extra help you might need to do your job to the best of your ability. • This could be further training in a clinical skill such as venepuncture or a non-clinical skill such as computer training. • It could be that you need some extra support in numeracy and literacy to help you make better notes when you see patients. • Your local college or PCT can help you to access a variety of learning opportunities.
<p>The time taken in preparing for and undertaking the appraisal</p>	<ul style="list-style-type: none"> • The length of time taken will be different for each person. • Before writing things down you could think about it during quieter moments in the day such as at a coffee break, walking home or even in the bath! This will make it easier when writing down your thoughts. • You could talk to a friend or colleague at work to see how long they take to prepare for appraisal. • Use the Tool - Planning for your appraisal - what an appraisal should cover to give you tips and hints for preparation.
<p>Lack of resources for development of skills and knowledge</p>	<ul style="list-style-type: none"> • You could contact your local college or university to see what courses they offer and bring the information to your appraisal. • The local PCT or local hospital may have training and development opportunities that general practice HCAs can access. • You could also ask the practice nurse to recommend some books or websites that might be useful.

The practice must include a policy for the rare cases where you, the HCA, and the appraiser cannot reach agreement or where it is felt that treatment has been unfair. This should be covered in the terms and conditions of employment.

The review or appraisal should conclude with an agreed action plan which you and your appraiser are committed to carrying out. The revised PDP will be at its core. If you have kept abreast of your PDP over the past year, you will already have justified what you plan to learn in the coming 12 months, so there should be few changes, unless your own personal priorities are not synchronised with those of the practice or PCT.

Summary

- *Personal and professional development is a continuous process of reviewing your learning needs and planning learning to meet those needs.*
- *A PDP is where you document your personal development goals and how you plan to get the training you need to meet them.*
- *Training may be provided in-house by members of the practice team or on outside courses organised by your practice or the PCT.*
- *Priorities for your personal development will have to align with the priorities of the practice.*
- *Your PDP will be reviewed at an appraisal with your supervisor or mentor. This will give you an opportunity to discuss and agree what progress you have made in the past and what you hope to achieve in the future.*

References

1. Chambers R, Tavabie A, Mohanna K, Wakley G. *The Good Appraisal Toolkit for Primary Care*. Oxford: Radcliffe Publishing; 2004.
2. Department of Health. *The NHS Knowledge and Skills Framework*. London: Department of Health; 2004. http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090843&chk=dyrb/a