Chapter VI

Developing E-Learning Provision for Healthcare Professionals’ Continuing Professional Development

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Abstract

This chapter discusses the provision of continuing professional development (CPD) for allied healthcare professionals (AHPs) through e-learning. External pressures are increasing on AHPs to engage with CPD on a regular basis to improve the quality of care services and facilitate changes in working practice. E-learning has the potential to reach this group of diverse learners and integrate learning into their work schedule at a time and place convenient for them and their employers: eCPD. We provide a practical reflection grounded in the experience of practitioners and students who have been involved in our deployment of eCPD over the last three years. The issues that have arisen from this initiative will be familiar to many of those who have been involved in the deployment of e-learning in our sector. Ultimately, we hope that the solutions we have provided to meet the needs of this specific group of learners will address those for all e-learners. In addition, we believe that it will support the process of embedding (“normalising”) e-learning across an institution.
Background

Allied healthcare professions (AHPs), such as physiotherapists, occupational therapists, and radiographers, need to engage with CPD on a regular basis in order to practice legally in the UK (DOH, 1999, 2000). In addition, evidence of CPD must be submitted to the UK regulatory body for AHPs, the Health Professions Council (HPC). Key publications such as “Working Together- Learning Together” (DOH, 2001) have also impacted on requirements for CPD. This particular publication, for example, focussed on the role of CPD to improve patient care and to expand National Health Service (NHS) career opportunities through the development of a lifelong learning culture. Following on from this publication, the Department of Health, working with the Workforce Development Agency, has identified mechanisms that would best support NHS staff in England to develop learning for post-registration as part of the NHS modernisation agenda (DOH, 2004a). At the same time, Agenda for Change (DOH, 2004b) directly links salary with evidence of CPD, and lifelong learning activities are providing another driver for CPD. Furthermore, compliance with European working hours’ legislation has resulted in renegotiated working conditions for doctors and consultants (DOH, 2004c). This has led to new roles for AHPs, nurses, and care workers, which places a further demand for the attainment of new knowledge and skills through CPD.

The Joint Information Systems Committee (JISC, 2003) and the Higher Education Funding Council for England (HEFCE, 2005) state that e-learning offers specific benefits for employers and employees over traditional institutionally based programmes. For example, employees are able to update their skills and knowledge without the loss of time associated with traditional institutionally based teaching and to improve the balance of their work/life responsibilities. In the case of healthcare professionals who are coping with increasing pressures to change working practices with a limited workforce while maintaining a demanding workload, they are now less able than ever to leave the workplace to physically attend an educational institution for CPD (Oblinger & Hawkins, 2005). As one health professional stated: "I like online learning. This is because I do not have to request a duty-off from my workplace for attending classes. It is very difficult to apply for a study day as our wards are short of manpower these days" (Sit, Chung, Chow, & Wong, 2005, p.144). For academic institutions, eCPD programmes have the potential to reach out to this new group of learners as well as augmenting the institution’s relationships with NHS partners in the workplace.

The Case Study

Queen Margaret University College (QMUC) in Scotland has a broad portfolio of CPD opportunities for healthcare professionals which are offered at various academic levels, from SCQF level 9 (Scottish Credit and Qualification Framework, 2003) to master’s level (SCQF level 11). These include: understanding clinical effectiveness; research and critical appraisal; facilitation of practice-based learning; and introduction to health economics. The learning units range from non-accredited short episodes of learning to