Continuing professional development (CPD) means the process of continuous studies of health care professionals from the beginning to the end of their professional life. In this they uphold the quality and skills in the practice and become expertise in the health care field (Alsop, 2004, p. 1). Megginson & Whitaker (2004, p. 5), define CPD as ‘a process by which individuals take control of their own learning and development, by engaging in an on-going process of reflection and action’. This cognitive operation is energizing and authorizing. It will help people to attain their ambitions as they look forward to achieving their goals (Megginson & Whitaker, 2004, p. 5). It also implies measuring needs, setting goals, designing to reach the dreams, carrying out the plan, assessing the strength of the program, surveying need and resetting the plan (Alsop, 2004, p.7). Nursing Professional development defines as lifelong procedure, in that nurses join in different activities which may helps to extent and uphold the competency that leads to achieve their career goals (ANA, 2000). Moreover CPD plays a very significant role for both professional nurses and for the general public. People always have the right to be protected against malpractice and they expect nurses will keep their knowledge and skills up-to-date in their particular area of practice (Quinn, 2001, p. 540). CPD programs consist of in-service education, journals or other book references, reflective practice, group meetings, quality assurance programs and other courses. (Alsop. 2000). This essay talks about the role of CPD as an essential instrument for improving the knowledge and skills of professional nursing practice.

Effective CPD can be measured in a number of ways - use of plans to effective learning by proper learning methods, accepting learning which has been accumulated from experience and reflective practice (Quinn, 2001, p. 34). In rural settings people need to check regularly to achieve CPD’s purposes by reflecting the past and present then look towards future goals. This will automatically lead to employment and education (Megginson & Whitaker, 2004. p. 5). CPD embraces formal and informal learning and gives a chance to improve one’s own practical knowledge (Earley & Bubb, 2007, P. 3). A demand of the UK Nursing and Midwifery Council for registration is, all nurses must encounter CPD and post-registration education and practice requirements. Many professionals and nurses work to improve and increase professional knowledge, at the same time it adds to position and honesty so they get chances for employment (Mason-Whitehead & Mason, 2008, p. 3). CPD is very necessary for secure, risk-free, and research-based practice (Gould, Kelly & Goldstone, 2001, p. 8).

At first, professional development never ends. As the world changes and the technology advances there is a need for education, to gain new skill, review the past practices and to know the new changes in the medical field that involves in nursing (Dlckerson, 2010, p. 101). There are different individual reasons that nurses seek out CPD, such as; nurses want to develop the standard of practice, gaining extra skills to make the situation better or a desire to improve one’s own position. To become a qualified nurse they must need long and more preparation in theoretical and clinical learning environment. Personal experiences and studies will make an individual more qualified and competent (D’Antonio, Baer, Rinker & Joan, 2007, P. 302). A few nurses think CPD aids in giving proof of secure practice when a patient or client files a court case (Quinn, 2001, p. 540). CPD can help professionals to become competent and also to build up their professional career; there is a place therefore, for CPD to be at the heart of every professional. To help professional growth continuing professional development can be specifically designed. Or, it can take place simply through engaging in reflective professional practice in a nursing career (Alsop, 2004, p. 3). Nurse educators express differing ideas about the value of CPD. They argue that in nurse education, planning and delivery of CPD programs and actions are major areas for work. Besides this they need to keep up their own CPD (Quinn, 2001, p. 539). Employers believe that their employees should take part in CPD as it can help workers to keep their proficiency, awareness and experience up to date. Some employers assume that staff must be accountable for their own improvement and CPD offer various choices of development policies and together supplies maximum advantage. Few others think that it assists with sequence development (Megginson & Whitaker, 2004, p. 6). To improve the quality of health care, the UK Government includes a CPD form in their policy as requirement (Department of Health, 2000).

In addition, Lifelong learning is essential in this developing scientific world because this modern technical era demands for high quality health care (Hicks Hennessy, 2001, p. 40). CPD and lifelong learning has a bonding relation in nursing practice. The terms adult learning, recurrent education and continuing education act as alternatives for lifelong learning and these alternatives penetrate in the area of CPD (Gopee, 2001, p. 607-615). Lifelong learning has adopted the connection of education and knowledge based clinical practice. A concept is that practice itself is not enough (Quinn, 2005, p. 37). By looking forward to CPD, it is very appropriate and applicable in the nursing profession to evaluate the usefulness of CPD (Quinn, 2005, p. 40). Apart from this, lifelong learning recognizes that, as the world changes professionals must be involved in constant education with an acceptance of education throughout their entire life. In the late 1980s and 1990s higher education increased in the UK. It was found that learning comes from experience and reflective practice; also it is recognized as a suitable element for a person’s education, and an official recognition is awarded to prior learning (Quinn, 2005, p. 34). Moreover, when a person exhibit or present their learnt activity later in the life that makes relevant outcome. To compete with this complicated world professionals need to learn everything deeply (Murphy & Calway, 2008, P. 434). On increasing the quality of health care field through the development of lifelong learning, English National Board for Nursing, Midwifery and Health Visiting got a reward from the European Commission which was supported by an international Symposium in 1997 (ENB, 1997).

Nurses must be adjusted with the on-going need for professional development. Contributors have to examine the competency and effect of the work (Dlckerson, 2010, P. 101). Theoretical learning offers a chance to discover a safe environment but in clinical practice nurses test the knowledge that have learnt, similarly try to meet new circumstances from where they get further improvement (D’Antonio et al, 2007, P. 302).

CPD is often sensed as continuous formal mandatory education but health care professionals can decide whether they want to participate in it or not. In other words they have the right to choose the time and the area of education they wish to engage in. The truth is lifelong learning is a continuing process in a person’s working career. It not only involves classroom studies but it can be attained through various means of learning (Ireland, 2010, p. 5). It is a person’s duty to undertake CPD so as to preserve their professional knowledge which has been gained previously. Successful completion of CPD improves effectiveness, work satisfaction, better communication and dedication to work (Ireland, 2010, p. 5). It is not practical to learn everything at once or in the beginning of a career and spend the rest of one’s working life with what have earned earlier. Everyone should be aware about the changes of the world and the technology, and it’s essential to assess thoroughly and continually how these changes assist in better performance (Megginson & Whitaker, 2004, p. 7-8).

Furthermore, CPD will create a secure, keen, and competent individual in the employment sector. This can be achieved only by correct and standardized CPD because some people disagree with that statement (Ireland, 2010, P. 5). To accomplish this planning is very significant in CPD through appraisal and supervision. Proper identification of the needs of the individual and the requirements of the organization may guide to proper planning. These needs will be carried out during implementation, evaluation and analysis (Ireland, 2010, p. 6). There is a special link between competency and knowledge which assure secure and efficient practice. There are two proportions in competency, scope and quality; in that scope addresses the function, task and circumstances from which the person become competent but quality is the assessment of that competence. CPD is a duty in which professional bodies gain self-direction, similarly competence is the effect which lies in an individual (Jones & Jenkins, 2006, P. 8). Qualified professionals discover that they achieve knowledge and skills from their own work place thus they can include a record in their professional portfolio. At the end, this evidence adds credibility to their overall presentation of their career; therefore they discover development in practice (Quinn, 2001, p. 541). A professional portfolio serves as the proof of competency in work. It may be useful in making an individual appear more appealing to an employer. It can be used as an evidence of CPD. Professionals use portfolios in a variety of ways. They use it to demonstrate their career maturity, professional improvement, ongoing competency and capability of performances. These competencies can be applied in portfolio. Various resources collected and together used as existing record of advancement and success in portfolio (Alsop, 2004, p. 9- 12).

This rapidly growing technical world gives more chances for nurses to become competent and keep their knowledge with-it through assessment (Mantesso Petrucka & Bassendowski, 2008, P. 200). There are number of ways nurses can maintain competency, such as, academic ongoing education, different in-service education, which brings safe patient care and a special board is employed to supervise them (Dlckerson, 2010, p. 101). Nurse professionals have a responsibility to retain their competency once they are qualified. Skills, power and knowledge together are used to perform an action, as a result nurse gain competency (Jones, Voorhees & Paulson 2002:8). Practitioners should execute their attained skills in order to uphold their ability. In the health care field each members of the team is responsible for caring and the welfare of patient. (Sines, Saunders & Forbes-Burford, 2009, p. 290). As a result they can maintain public safety, provide comfort and guarantee that cost-effective and current knowledge is used in practice (Aslop, 2004, p. 4). CPD is a continuing procedure in the entire professional’s life. It considers initial professional education as well as ongoing education. It results in varied improvements in regards to responsibilities and experiences (Alsop, 2004, p. 4). When people experience weakness in their practice, they can willingly join an educational program to get knowledge and skills to meet their deficit (Quinn, 2005, p. 37). In the case of personal and professional needs, learning has to be related to those needs. In addition, learning needs to be taken to the workplace where it is connected with the area of work. Most adult professionals possess a huge range of experience. They distinguish their world by applying those knowledge based experiences into their own learning environment (Quinn, 2005, p. 41). A survey was taken within 20 different professions with regards to the functions of CPD. It discovered the majority of professionals believe CPD is essential to update knowledge and skills for practice. In order to keep a professional standard, and to evaluate professional proficiency or to recognize continuing learning, CPD plays a major role (Madden & Mitchell, 1993, p. 44). To give quality care and to perform standardized clinical practice, nurses and other health care professionals update their knowledge. Studying professional journals and attending conferences contributes to improve the practice or clinical experience. (Daly, Speedy & Jackson, 2010, p. 140). Knowledge is not gained by magic but by reflective practice and experience. Studies give basic skills for student nurses and they become professionals as registered nurse. (Daly et al, 2010, p. 140).

Critical thinking is an essential aspect in CPD. It means recalling the experience which has taken place in the past (Daly et al, 2010, p. 315). In critical thinking people must identify the presence of an argument and they must evaluate it. A question must be asked after every argument (Daly et al, 2010, p. 320).

CPD course content must be based on a specific topic or concerned with a specific skill that needs to be attained or gained within the particular field of nursing (Hicks & Hennessy, 2001, p. 40). CPD programs enables further growth of learning which promotes knowledge adoption that can be applied to one’s own practice (Murphy & Calway, 2008, P. 425). Nurses use their knowledge, not only in direct patient care but also in other areas of their practice. For example, nurses need specific and relevant knowledge to plan a roster with a balanced skill mix. Each and every professional in the health care field, whether they work in direct patient care, in teaching or in research, have the same need for CPD as a nurse at the bedside (Dlckerson, 2010, P. 101). Practical establishment rules must be incorporated in clinical practice. This can be learnt from good education and guidance accompanied by CPD (Sine et al, 2009, P. 290).

To sum up, continuing Professional Development promote a top standard as well as greater professional performance. It also provides more awareness, proficiency and improves individual effectiveness. (Alsop, 2004, P. 4). CPD’s aim must be delivering high quality care and career development through meeting the individuals learning needs (Department of Health, 1999). In CPD people find out the needs, determine the goals and they plan to reach the goals. They implement something and wait for the result, find out the efficiency after all they reassess, if it needs any changes then redefine the plan (Alsop, 2004, P. 6). It covers formal and informal learning; competency and quality development are included in this. A professional maintain their technical qualities through CPD and so improves bedside services; therefore it helps in patient care as well as in personal development of an individual in the present and in future (Alsop, 2004, P. 3). It is necessary for a person to keep up to dated their portfolio to present day to day progress in their presentation review. Inspecting the performances constitute to future goals to be attained and the current betterment plan for gaining them (Alsop, 2004, P. 13). Each and every individual in the health care area are responsible for the care and wellness of the patient (Sine et al, 2009, P. 290). Most of the literatures suggest that CPD responsibilities are involved with the person itself, but they must get support and guidance from the employer (Jones & Jenkins, 2006, p. 8). As a whole, CPD‘s intention is to measure the quality of bedside care; patients expect to get good and standardized care. To be involved with CPD health care team must engage in CPD activities which promote to self-reliance, to build up understanding and become liable (Jones & Jenkins, 2006, P. 8). Professionals are always lifelong learners so they perform their duties safely and achieve career goals (Barba & Fay, 2009, P. 11).

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