**CONTINUING PROFESSIONAL DEVELOPMENT**

Continuing Professional Development (CPD) is a term used to denote continuing education and training of the professionals (Earley & Bubb, 2007. p. 3). CPD is achieving much popularity now a day’s especially in the health care profession. It is mainly due to the demand of better quality, competence and cost effectiveness of service (Jones & Jenkins 2006. p. 1). Continuous learning throughout a carrier is considered as one of the important characteristics of being identified as a professional. Continuing education enables the nurses to become a lifelong learner, pursue their professional development and perform their roles safely (Barha, 2009. pp. 11-20). CPD is a systematic process based on some key principles. They are each individual is responsible for their own learning , learning process should be continuous , objectives of learning must be clear and it must be a planned activity with identifiable outcomes (Jones & Jenkins, 2006. p. 2).

Continuing professional development is a method of ongoing learning and improvement of health care professional from preliminary qualifying education (Alsop, 2000, p. 1). It should be in for the period of a professional’s life in order to keep proficiency of practice (Alsop, 2000, p. 1). The Chartered Society of Physiotherapy (1996) defined CPD succulently as “an educational process by which professional people maintain, enhance and broaden professional competence” (AIsop, 2000, p. 1). In CPD each professional takes responsibility of their own learning and progression by involving themselves in an ongoing study process. CPD is very important in nursing because safety of clients never lies in the job organization but it is in the up to date knowledge and skills each professional have in them. CPD provides a chance to fly like a bird and to see our carrier from a broader perspective (Magginson & Whitaker, 2004, p. 5). CPD has numerous benefits. It has positive outcomes in terms of health care delivery in health care sector. Also it enhances practice, preparing professionals to accept changing roles in care delivery (Alsop, 2000, p. 3).

CPD is a life-long learning process (Quinn, 2005, p. 34). Life-long learning means learning that occurs throughout the life of a person. It may be planned or not planned (Quinn, 2005, p. 34). The concept of life-long learning is very important because we are living in an era of constant and continuous change in each and every field. This necessitates continuous life-long learning (Quinn, 2005, p. 35). CPD involves the learning activities which takes place throughout the professionals working life. The main intention of this is to enhance the professionals working capacity (Jones & Jenkins, 2006, p. 2). The learning activities can be taken place either in the inside or outside of the working atmosphere (Earley & Bubb, 2004, p. 3).

Life- long learning is based on certain skills (Cropley, 1981). Firstly, capacity to develop realistic goals and to work towards that goals within the limitation of personal and professional life. Secondly, ability applies of theoretical knowledge in practical side to deal with problems. Moreover motivation for continuous learning and capability to asses efficiency of learning activity (Cropley, 1981). Life-long learning helps professionals to go forward with advances in their profession and know about the problems that take place in every day practice.CPD enables professionals to learn these advances and problems (Tulinous & Holge-Hazeltone, 2010, p. 412).

CPD promotes the growth of a learning civilization (Murphy & Calway, 2008, p. 425). It helps professionals to acquire and expand knowledge. It also allows them to be relevant in their practice (Murphy & Calway, 2008, p. 425). CPD applies throughout a professionals working life. It is not possible to do all the learning at the beginning of a career and use this knowledge in rest of one’s working life. If the professionals do not refresh their knowledge it can shrink very fast (Magginson & Whitaker, 2004, p. 7). Professional knowledge and skills are changing day to day and in some cases the basis of specialty functions of a profession has altered drastically over the past years. For example, curing of client was the only focus of nursing in the past years. But now nursing not only focuses on curing, but also, providing care to clients in a holistic manner. To deal with these changes CPD is very important (Quinn, 2005, p.59).

Professionals has various views regarding CPD. Majority of them consider CPD as essential means of keeping just touch with current practices in their profession through formal or informal programs. While others believe it as a most important method to keep professionals competitive in their field by widening their knowledge (Friedman & Phillps, 2004, p. 362). Due to boom of scientific knowledge and integration of technological advancement in health care, rapid changes occurred in delivery of client care also. For example idea of primary nursing ,which focuses continuity of client care and quality improvement, which focuses best possible outcomes from care by considering client as centre of care (Hood, 2010, p. 239). For understanding all these changes and improving quality of providing care continuous learning is essential. CPD plays a crucial role in the delivery of patient care (Alsop, 2000, p. 3). The proficiency of practice lies in knowledge and skills. Nursing is a profession having strong manual skill component and hand of skills (Hood, 2010, p. 316). Skills like gentleness, quickness and accuracy are considered as the hallmarks of excellence in practice. The skills required in areas of communication, teaching, leadership, management and research are considered as hand of skills. Excellence of skills lies in the command of knowledge (Hood, 2010, p. 316). CPD helps nurses to be secure and skilled in their practice. Constant alteration in nursing practice generates a necessity for CPD (Schweitzer & Krassa, 2010, p. 441).

CPD is becoming as a main concern among health professionals because research studies are conducting in every field in an alarming rate. Research studies bring new results and this helps in making changes in practice. This helps in improving standards of care (Bolton, 2002, p. 316). Practice always requires support of evidence. Providing proof based care in clinical settings is one way of executing research findings in ward (Mcsherry & Bassett, 2002. p.9). Every day nurses are subjected to numerous and commending demands. Ward settings becoming complexes. For providing quality care union of interdisciplinary approach is necessary. To develop pertinent evidence based knowledge nurses require mutual relationship with other nurses and other professionals (Cleary & Hunt, 2010, p. 344). Nurses are persons who are working at a higher level of practice. The reasons for this are varying health care nature, necessity to regulate a practice and conservation of the public (Quinn, 2001, p. 560). CPD guides to improve quality and ensure proficiency in practice that will help to maximize the prospective. Moreover CPD reduces threat to clients and guide to progression in service (Alsop, 2000, p. 3). Professional nursing begins to assess the impact of nursing care in terms of client outcomes. It can be identified by conduction of research studies and proper use of related literature reviews (Hood, 2000, p.158).

Advancement of research in all areas of health care together with technological development reminds that previous knowledge and skills are not enough for professionals to maintain competency in practice today (Hinchliff, 1994, p. 20). So many changes are occurring in health care sector. For example, intrusion of privatization, shortage of staff, increased scope for practices, use of sophisticated equipments all these challenges nurses to use every opportunity to keep them up to date (Mantesso, Petrucka & Bassendowski, 2008, p. 201). Competency means blending of various experiences, talents, and knowledge from both practical and theoretical side (Jones, Voorhees & Paulson, 2002, p. 8). Competence has two dimensions. They are scope and quality. Scope is associated with specific roles, jobs, and situations in which the professional is competent. Quality covers the judgment about excellence of that competence (Eraut, 2001, p. 8). Identification of the competence in practice helps to assess areas of professional development. Most of the new nurses consider safe practice as the main factor of competence. Capacity to perform clinical tasks, providing nursing care to patients with various conditions, ability to use resources all of these is included in safe practice (Marshburn, Engaleka & Swanson, 2009, p. 426). Portfolios can be used to support professional’s area of practice. Portfolios are collections of evidences that show acquisition of knowledge, understanding and attainment. It reflects present stage of development activity. Portfolio can be used to support any area of practice (Alsop, 2000, p. 11).

Transfer of professionals to an optimum level of capability in their works is the main aim of CPD (Moores, 2002, p. 261). Outcome of practice and CPD are connected. CPD improves knowledge and skills and this together improves practice. (Moores, 2002, p. 261). Growth of professionals from a preliminary level occurs through learning (Murphy & Calway, 2008, p .426). CPD is the back bone of competency. Competency is very important in each activity (Jonnes, et al, 2002, p. 265). CPD programmes runs smoothly where there is an effective organization. If CPD is isolated from organizational framework after a period of time, organizational functions will go in a disordered manner (Jonnes, et al, 2002, p. 265). For getting quality care public expect clinical competence from the side of nurses. Competence of delivering care in one specialty area is different from other area. Then also all areas require some common application of knowledge and skills. For example, aseptic techniques, sociology and nursing process. Anything a nurse done should be perfect because every day they are handling with life of humans. (Hood, 2010, p. 310).Competency helps in risk assessment.Nurses failure to identify risk of clients lead to unfavorable outcomes. CPD helps staff to become competent (Jonnes, etal, 2002. p .265).

Professional development includes the constant obligation of professionals to keep their skills and knowledge recent and relevant (Lannson, 2007, pp. 17-23). Competence meant that a nurse is accountable to public as for their constant commitment to maintain current and safe practice (American Nurses Association, 2000). Competence is a requirement for accountability. Accountability means being responsible and answerable to the activity done. It enables nurses or professionals to become independent and to take decisions (Hood, 2010.p.p. 303, 316). CPD helps professionals in their personal and professional development. It also enables professionals to become flexible and helps to develop reflection (Friedmann & Phillips, 2004, p. 362). Reflection is considered as a method of thinking about concerns which is related to experience .Reflection itself plays a vital role in nursing practice (Hood, 2000, p. 174). Reflective thinking is a cognitive skill which enables the nurses to take proper decisions in client care (Hood, 2000, p. 20). Other cognitive skills helps in providing care to the clients are critical and creative thinking. Critical thinking helps nurses to analyze situations, identification of problems, setting priorities, develop multiple solutions to a specific situation and consideration of consequences before going to do a task (Hood, 2000, p. 470). Creative thinking helps to think outside of usual methods of providing care and these results in new approaches in delivery of client care. Using these new approaches without proper creative thinking may cause hazardous outcome (Hood, 2000, p. 470). Professional knowledge is continuously changing day by day. At the same time professional competencies are rapidly increasing. The capacity to deal with these changes can be enhanced through continuing professional development (Quinn, 2005, p. 59). Sound knowledge and well developed ability are very important for nurses to carry out their tasks successfully (Mcsherry & Bassett, 2002, p. 33). To work in internationally complex atmosphere profound level of knowledge is essential. Work incorporated learning helps in professional development.It increases professional’s level of understanding and enhances practice (Gerald, Murphy & Bruce, 2008, p. 439). Other than knowledge enhancement CPD helps professionals to build up a wide range of skills such as ability to solve problems, capability to work as a member of the team and effective communication methods. These all skills are very essential for practice (Cervero, 2001, p. 6-20).

Nurses are living in a period in which specific and multiple skills influence patient care **(**Hood, 2010, p. 563). Nurses can maintain their competency in nursing knowledge and skills through various CPD activities. CPD is one obligation which is associated with professional autonomy (Jones & Jenkins, 2006, p. 8). Career mapping is a term used to indicate uninterrupted process of nursing career development. This process begins with recognizing the need of current knowledge **(**Malone, 1999, pp 290-301). Participation in professional nurse’s networks helps nurses to come in contact with other nurses. This enables nurses to understand changes in practices in different settings. Professional networking can occur at work places or in professional organizational meetings .This helps in acquiring knowledge (Hood, 2010, p. 563). Continuous expansion of knowledge is necessary for the nurses in their field of practice. Mentoring helps the nurses to become a part of professional networking (Ali, 2008, p. 35). Mentoring is a process by which an experienced professional is assigned to take the responsibility of less experienced person for the professional growth of that person (Hood, 2010, p.567). Identification of an experienced mentor to help other professionals is very important. For effective mentoring process effective and open communication is essential. Mentors provide support to other professionals. They also give guidance in research ideas (Cleary, Walter, Horsafel & Matheson, 2009, p. 276).

Critical review of literature is a CPD activity helps professionals to get information about what other professionals done in their work. This is particularly useful to get an overall idea while conducting research. Reading of articles relating to profession and critical evaluation of these are very useful in extension of knowledge and retaining competency in practice (AIsop, 2000, p. 158). Performance appraisal is another initiative which can be connected to CPD. Performance appraisal is a official and systematic review of performance of the individual. It is considered as one way of developing competence in professionals. Its main function is to recognition of need, setting of goal and gives feedback on performance (Jones & Jenkins, 2006, p. 8). Job swaps are another CPD activity helps to improve knowledge. Participation in a job swaps for a particular period of time helps practitioners to make use of their existing knowledge in a new area of practice. It also helps to develop knowledge relevant to new position and format for maintaining competence (AIsop, 2000, p. 158). The main components of CPD in nursing practice are self reflection, mentoring, and support (Alteen, Didham & Stratton, 2009, p.272).

To conclude, Continuous professional development is considered as a basic factor which lies within the continuum of ongoing lifelong learning (Ryan, 2003, p. 498). The common aim of CPD is to help professionals to remain current and competitive in their profession (Mantesso, Petrucka & Bassendowski, 2008, p. 498). In CPD each professional is responsible for their personal and professional development (Twaddel & Johnson, 2007, pp. 146-150) Today’s rapidly changing environment nursing profession give much importance to life-long learning (Byrne, Schroeter, Carter & Mower, 2009, pp. 545-565). To remain competent in today’s present scenario, CPD is very important (Alsop, 2000, p.3). For providing quality care to the client’s evidence based practice is necessary (Mcsherry & Basset, 2002, p.9). Research findings provide a basis for evidence based practice. Evidence based practice always uses the most relevant up-to-date information in providing care. This results in cost effective client care (Hood, 2010, p. 595). CPD is very important for nurses to maintain their professional development and to meet state and organizational requirements (Billings & Rowles, 2001, p. 112). Professional portfolios can be used as an evidence for professional’s continuing education. It Identifies individuals unmet learning needs and make clear future goals (Byrne, et al 2009, pp. 545-565). Success of nursing carrier depends on certain factors. They are life-long learning, self assessment, creativity and confidence. These can be achieved through CPD activities like mentoring, networking and other activities. So for the better outcome of nursing practice all initiatives for CPD must be encouraged (Hood, 2010, p. 598)

Alsop, A. (2004). *Continuing Professional Development*: *A Guide for Therapists*.

Oxford, UK: Blackwell publishing company.

Alsop, A. (2000). *Continuing Professional Development: A Guide for Therapists*.

Oxford, UK: Blackwell Science. Cited in Cusick, A., Johnson, L., & Bissett, M.

2010). Continuing professional development for occupational therapy

emergency department services. *Australia Occupational Therapy Journal*,

*57*, 380-385.

American Nurses Association. (2000). *Scope and standards of practice for nursing*

*professional development.* Washington, DC: Auther. Cited in Dlckerson, P. S.

(2010). Continuing nursing education: Enhancing professional development*: The Journal of Continuing Education in Nursing*, *41*(3), pp. 100-101.

Barba, B. E., & Fay. V. (2009). Does continuing education in Gerontology lead to

changes in nursing practice: *Journal of Gerontological Nursing? 35*(4). pp.

11-20.

Daly, J., Speedy, S., Jackson, D., (2010). *Context OF NURSING*, 3rd ed. Chatswood:

Churchill Livingstone Elsevier.

D’Antonio, P., Baer, E. D., Rinker, S. D., & Joan, E. L., (2007). *Nurses’ Work: Issues*

*Across Time and Place*. New York: Springer Publishing Company.

Department of Health, (1999). *Continuing Quality in the New NHS. Department of*

*Health,* Leeds. Cited in Alsop, A. (2004). *Continuing Professional*

*Development*: *A Guide for Therapists*. Oxford, UK: Blackwell publishing

company.

Department of Health. (2000). *The New NHS Plan*. London: HMSO. Cited in Forber,

A., While, A., & Ullman, R. (2006). Learning needs analysis: The

development of a tool to support the on-going professional development

of multiple sclerosis specialist nurses. *Nurse Education Today*, *26*(1), pp.

78-86.

Dlckerson, P, S. (2010). Continuing nursing education: Enhancing professional

development: *The Journal of Continuing Education in Nursing*, *41*(3), pp.

100-101.

Earley, P., & Bubb, S. (2007). *Leading and Managing Continuing Professional*

*Development,* 2nd Ed. London: Paul Chapman Publishing.

ENB. (1997). *Annual Report 1996-1997,* English National Board for Nursing,

Midwifery and Health Visiting, London. Cited in Quinn, F. M. (2005).

*Continuing Professional Development in Nursing: A Guide for Practitioners*

*and Educators.* Cheletenham, UK: Nelson Thomas Ltd.

Gopee, N. (2001). Lifelong learning in nursing: Perceptions and realities. *Nurse*

*Education Today,* *21*(8), pp. 607-615. Cited in Ryan & Jane. (2003).

Continues professional development along the continuum of lifelong

learning: *Nurse Education Today,* *23(*7), pp. 498-508.

Gould, D., Kelly, D., Goldstone, L., & Maidwell, A., (2001). The changing training

needs of clinical nurse manager: exploring issues for continuing

professional development: *Journal of Advanced Nursing*, *34*(1), pp. 7-17.

Hicks, C., & Hennessy, D., (2001). An alternative technique for evaluating the

effectiveness of continuing professional development courses for health

care professionals: a pilot study with practice nurse: *Journal of nursing*

*management*, *9*, pp. 39-49.

Jones, E. A., Voorhees, R. A., & Paulson, K., (2002). *Defining and assessing*

*learning: exploring competency-based initiatives.* Washington: Council of

the National Postsecondary Education Cooperative (NPEC). Cited in

Murphy, G, A. & Calway, B, A. (2008). Professional development for

professionals: beyond sufficiency learning: *Australian Journal of Adult*

*Learning*, *48*(3), pp. 425.

Jones, R., & Jenkins, F. (2006). *Developing the Allied Health Professional*. Oxon,

UK: Radcliffe Publishing Ltd.

Madden, C., & Mitchell, V. (1993). *Professions, Standards and Competence: A*

*Survey of Continuing Education for the Professions.* Bristol: University of

Bristol Department for Continuing Education. Cited in Quinn, F. M.

(2005).*Continuing Professional Development in Nursing: A Guide for*

*Practitioners and Educations.* UK: Nelson Thomes Ltd.

Mantesso, J., Petrucka, P., & Bassendowski, S. (2008). Continuing professional

competence: Peer feedback success from determination of nurse locus of

control: *The Journal of Continuing Education in Nursing*, *39(*5), pp. 200-205.

Mason-Whitehead, E., & Mason, T. (2008). *Study Skills for Nurses*, 2nd. Ed.

London: SAGE Publications Ltd.

Megginson, D., & Whitaker, V. (2004). *Continuing Professional Development*.

London: Chartered Institute of Personal and Development.

Murphy, G. A., & Calway, B. A. (2008). Professional development for

professionals: beyond sufficiency learning: *Australian Journal of Adult*

*Learning*, *48*(3), pp. 425.

Ireland, R. (2010). *Advanced Dental Nursing*. UK: Blackwell Publishing Ltd.

Sines, D. Saunders, M., & Forbes-Burford, J. (2009). *Community Health Care*

*Nursing*, 4th Ed. West Sussex, UK: Blackwell Publishing Ltd.

Quinn, F. M. (2005). *Continuing Professional Development in Nursing: A Guide for*

*Practitioners and Educators.* Cheletenham, UK: Nelson Thomas Ltd.

Quinn, F. M. (2001). *Principles and practice of nurse education*. Cheletenham, UK:

Nelson Thornes Ltd