

ADVANCED HEALTHCARE PRACTICE

Professional Development, Reflection and Decision-Making in Nursing and Health Care

Second Edition

Edited by Melanie Jasper, Megan Rosser
and Gail Mooney



WILEY Blackwell

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Melanie Jasper
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Swansea University
Swansea, UK

With contributions from Georgina Koubel and Paul Elliott

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Having practised as a health visitor and midwife since graduating from the University of Manchester in 1977, Melanie started her career in higher education at the University of Portsmouth in 1990. Since then she has published seven books in topics of professional development, reflective practice, education and leadership and management, as well as numerous papers in peer-reviewed journals. Melanie became editor-in-chief of the *Journal of Nursing Management* in 2002. She is an independent member of Hywel Dda Health Board and completed a project on nursing and midwifery professionalism for the Welsh Government in 2012.

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Having qualified as a registered general nurse in 1985 Megan pursued a career in oncology and palliative care for a number of years, at the same time gaining a BSc Nursing and MSc Nursing Research from King's College London. Megan moved into education as a lecturer practitioner at King's in conjunction with St Christopher's Hospice before moving on to working with Cancer Relief Macmillan in their National Institute of Education. She moved to Swansea and started working in the university in 2004. Megan has recently been involved with developing and delivering their portfolio of work-based learning programmes.

Gail Mooney, MSc (Econ), PGDip, PGCH.tHE, FHEA, RN
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After qualifying in 1979, Gail specialised as a critical care nurse, spending many years working in intensive care units across South Wales. Gail has also worked as a research and development officer. Since moving into higher education in 2001, Gail has built up considerable experience in programme development, helping to launch new programmes at both under- and postgraduate levels. Gail has experience and expertise in

work-based learning; it is the development of this theme across the university that is core to her remit as associate dean. In 2004, Gail was appointed as an editorial board member of the *Nursing Times*. Gail's publications have been in peer-reviewed journals and in 2011 saw the publication of the 'The paramedic's guide to research - an introduction', which is co-authored with Pauline Griffiths.

Contributors

Paul Elliott, MA, BSc, RN, PGCEA

Paul's initial nurse education and the first half of his professional career was spent serving in the Royal Air Force (RAF) undertaking a variety of duties within both community and acute settings and culminating in an aeromedical evacuation/field nursing role with squadrons of tactical support helicopters. Following retirement from the RAF in 1985 he held appointments in accident and emergency and medical admissions settings within the National Health Service (NHS). In 1991 Paul moved into higher education, which is where he has continued to develop his career and is currently a senior lecturer in adult nursing and infection control at Canterbury Christ Church University.

Georgina Koubel, MSc, CQSW

Georgina qualified as a social worker in the mid-1970s and spent many years employed as a generic statutory social worker in the London Borough of Camden. Moving to Kent Social Services in 1993 she developed a specialist interest in adult services, working first as a care manager and then as a training consultant and training manager. An appointment as a senior lecturer within the social work team at Canterbury Christ Church University (CCCU) followed in 2003. This role involves teaching on both MA and BA social work programmes and on inter-professional learning courses as well as taking a lead on the adults' pathway on the continuing professional development post qualifying social work programme. This post has enabled the development of particular interests in the areas of rights and risks, adult safeguarding, disability discourses, reflective practice and person-centred approaches to working with vulnerable adults. Publications include two books co-edited with Hilary Bungay. Georgina is currently working on a third book, *Social Work with Adults*.

Introduction

Melanie Jasper and Gail Mooney

This book brings together the topics of professional development, reflective practice and decision-making. These concepts are all inextricably linked, as professional development is as much a cognitive process as it is a technical one. Reflective practice informs our decision-making as functioning professionals; learning to make decisions on the basis of our knowledge and experience results in evidence-based practice, and the identification of our knowledge and skills deficits, thus resulting in opportunities for development. Professional development means to advance ourselves as professional practitioners. It assumes that all professionals will continue to develop throughout their working lives – from becoming a student practitioner, to specialised and advanced practice. It assumes that they will progress beyond the levels of competence assumed at registration and qualification (Benner 1984) and become proficient, or even expert practitioners.

This development does not happen by accident, nor does it happen solely through formal educational processes, although these are certainly part of the way we continually acquire new knowledge and skills to inform our practice. The main ways in which we develop professionally, however, are through the practice of our profession itself, and the stimulation from the practice world that makes us continually build on our existing knowledge, seek out new knowledge and skills, make connections between our knowledge base and the challenges we encounter in practice, and learn from our experiences. Thus, professional practice and professional development are interdependent – our practice will not develop unless we develop as professionals. This is experiential learning and will consciously arise from reflective practice – in turn it informs our decision-making. Hence, the links between professional development, reflective practice and decision-making can be represented

as a triangle, seen in Figure 0.1, set within the context of professional practice.



Figure 0.1 Links between professional development, reflective practice and decision-making.



Figure 0.2 Concepts informing professional development.

Similarly, there are other concepts, shown in Figure 0.2, which will inform these interlocking ones, and these form the basis and structure of this book.

This first chapter sets the scene of professional development, exploring it within the context of expectations of professional practice and behaviour today, and within the educational philosophies of lifelong and continuous learning. With the development of nursing as a profession and the fundamen-

tal changes within the National Health Service in Britain since the New Labour Government was elected in 1997, the need for continuous professional development and accountability for practice has never been so apparent. Nurses are now expected to know more, do more and take on more complicated and expanding roles than ever before. With these comes greater independence and responsibility for their practice and for the service users within their care. This has brought concomitant changes in the regulatory processes, with the Nursing and Midwifery Council (NMC) replacing the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in 2002 and charged explicitly with 'protecting the public through professional standards'.

Chapter 1 explores the processes of professional development that nurses go through – from being a novice student through to the end of a career and working life in nursing. Whilst students and qualified practitioners undoubtedly face different challenges in their working lives, there are commonalities within the processes of professional development that apply across the experience divide. Balances need to be achieved between the external drivers for professional development – such as the need for a registerable qualification, for the development of recognised knowledge and skills, and for the demonstration of approved standards of practice – and the need for the less tangible personal development of feeling competent and confident, constantly challenging and learning new things that inform practice, and making a tangible difference to patient care through good individual practice. Chapter 1 therefore takes an overview of what is meant by professional development, setting it within the context of nursing practice today. It ends with the introduction of a simple strategy for guiding your own professional development – go there now if you want to get started straightaway. This strategy is called the '5WH' cues and runs throughout the book, focused to the subject matter that is being presented.

Chapters 2 and 3 consider the role of reflective practice and reflective writing within decision-making and professional development. Reflective practice is considered to be the way in which professionals learn from their experiences, create practice theory and develop expertise. The benefits of functioning as reflective practitioners – learning from and responsive to the changing environment of practice – are explored, and strategies for developing as a reflective practitioner are discussed. Reflective writing has a chapter in its own right, as development as a practitioner is as dependent on an overt awareness of learning from practice, as it is on practice itself. Reflective writing provides ways of accessing and recognising experiential learning, through the dynamic use of writing as a process of learning, whilst at the same time providing evidence of professional development that is documented and evidenced. Reflective writing is presented as a strategy for guiding professional development, and this strategy is used throughout the book using question stems – the 5WH cues. A key concept that emerged from a study exploring experienced nurses' use of reflective writing in their portfolios (Jasper 1999) was that nurses wanted to provide evidence of their

professional accountability as practitioners through demonstrating their professional development, personal development, critical thinking development and, finally, the resultant outcomes for practice that occurred. Hence, there is a need to develop reflective writing skills as part of your own professional development.

Chapter 4 considers different strategies for professional decision-making. Georgina Koubel draws attention to the nebulous nature of professional decision-making, discussing the issues that need to be considered rather than taking a prescriptive approach. This is not the place to find a review of decision-making models and approaches, but rather to understand the complex nature of decision-making that occurs in professional practice.

Chapter 5 builds on the previous chapters to consider how nurses can use work-based learning within the context of evidence-based practice as the means for their professional and personal development. Increasingly, portfolios are used in a professional context to demonstrate ongoing competence to practice, for recruitment and in annual appraisals. The chapter explores the use of portfolios and how practitioners may construct evidence to facilitate and demonstrate their professional development. Key to portfolio development is identification of the reason it is being constructed and the purpose it is intended to serve. The portfolio's structure, process and content are all seen to be dependent on this, as are the strategies within it that demonstrate the practitioner's competence to practise. Various structural models are considered, and Jasper's model is returned to as an alternative way of organising a portfolio. This chapter also explores and discusses work-based learning and how nurses can learn in the workplace.

Chapter 6 considers the role of clinical supervision in professional development. It summarises the key features of the concept to provide an easily understandable, and useful, guide to the concepts of supervision. However and perhaps more importantly, Paul Elliott challenges the confused terminology and conceptual basis of clinical supervision, suggesting that some of its problems in use in practice arise from these confusions. He presents alternative terminology and focus, preferring instead to consider clinical supervision as a form of 'person-centred development' that has its roots in health psychology.

Chapter 7 concludes the book by setting professional development within the confines of professional practice. In this chapter we explore the *Nursing and Midwifery Council Code of Professional Conduct: Standards for Conduct, Performance and Ethics* (NMC 2008), together with other documents provided by the NMC to guide practitioners in their everyday practice. In addition, we will explore issues such as accountability, confidentiality and informed consent, as well as looking at recent legislation that impacts on a practitioner's working life. This chapter emphasises that professional practice is interdependent with professional development as that very practice is constantly changing and requires knowledge and skills to be updated on a continual basis.

Summary

- This book considers professional development, reflection and decision-making within the context of professional nursing practice in Britain today.
- It introduces a strategy for decision-making in professional development that is used throughout the book.

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Chapter 1

The Context of Professional Development

Melanie Jasper and Gail Mooney

Learning objectives

This chapter explores the basis of professional development as an ongoing component of professional practice. It lays the foundations for the rest of the concepts in this book by exploring the context in which registered nurses, midwives and specialist community public health nurses work as accountable practitioners. It explores the responsibilities of nurses in terms of their own professional development, as lifelong learners and as practitioners belonging to a specific professional group. Finally, it presents a simple strategy for guiding professional development activities.

By the end of this chapter you will have

- an understanding of the context within which professional development is framed
- considered your own professional development in relation to the Nursing and Midwifery Council's standards for continuing professional development
- an understanding of the nature of professional development from pre-registration to expert practice
- considered a range of professional development activities
- considered key mechanisms for professional development
- considered professional development within the context of lifelong learning
- used a strategy for identifying your professional development needs.

Activity

Before going any further, explore your own understanding of professional development.

Why is professional development important?

Why do professionals need development?

What drives professional development?

What would you consider professional development in nursing to mean?

The context of professional development in Britain today

Nursing and midwifery function in a constantly changing environment that needs to respond to sociopolitical and economic drivers within which health care is delivered. In the United Kingdom, the National Health Service (NHS), within which the majority of the 370,000 practicing nurses and midwives are employed, is funded from general taxation and under direct control from an elected government. As a result, registered practitioners need to develop robustness and resilience in their professional lives in order to respond to the competing demands of the service environment, quality and standard improvements to their care, service redesign and demographic changes. Nurses and midwives have always undergone professional development to maintain and develop their competence to practice within the caring working environment. However, the past decade has seen further changes to the healthcare infrastructure that demands nurses and midwives to expand and develop their roles at a pace far swifter than seen previously.

Media publicity and the publication of reports from the Francis Inquiry (2013), The Patients Association (2012) and the Willis Commission (2012), all draw attention to the impact of systems' failure on the standard of care delivered to patients. This has been compounded by financial austerity measures imposed since the late 2000s. The Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010) resulted from societal concern in many sectors of the direction of nursing and a need to emphasise the significance of nursing care to the NHS's mission. Nurses and midwives, as the largest group of employees within the NHS, have had to bear the brunt of downward pressures on costs and upward demand from increased acuity in patient need amongst criticisms of a crisis in professionalism.

On the other hand strategies to manage the NHS in times of increased demand and financial stringency, have provided nurses and midwives with greater opportunities for career development and diversity unimaginable 20 or 30 years ago. Society has witnessed the growth of nurse-led services, the development of the nurse practitioner and advanced nurse practitioner roles, and the introduction of consultant nurses in many specialties. Nurses have

returned to board-level appointment, with wide scopes of practice and remits for accountability for overarching service provision within health providers. Education for nurses and midwives has continued to develop in universities, with degree-level preparation for initial registration introduced as a standard in 2012–2013 (NMC 2010) in all UK countries. In terms of career progression, increasingly higher educational qualifications need to accompany promotions to both managerial and specialist nursing and midwifery posts, with routes for Master's awards and doctoral programmes located in practice arenas, such as clinical and professional doctorates, that aim to explore and remediate challenges in the practice environment. Finally, service redesign in the United Kingdom means that many nurses and midwives, even if they do not desire career progression, will need to develop further knowledge and skills to deliver their services in different contexts and environments as much provision is transformed into primary and community care settings, increased short-stay and day-case working, and delivered by unregulated practitioners under the supervision of registered nurses and midwives.

The increasing pace of change requires a workforce comprised of practitioners able to take responsibility for their practice, and develop their understanding of their accountability as they move into more challenging spheres of practice. Individual professional and personal development, alongside the recognition that reflective practice is essential to practitioners working under their own registration, is essential to effective decision-making in professional practice. More than ever, nurses and midwives need to accept their own responsibility for their professional development, and view this as an essential component of the privilege to be able to work in the exciting environments that contribute to the health and well-being of our society.

All professionals practise within certain boundaries imposed by the society and culture that licenses them and the professional ethos of the profession to which they belong. For nurses, the authority to practise once qualified comes from four sources:

- government legislation
- the Nursing and Midwifery Council (NMC)
- their employers
- their service users.

All of these have certain expectations of a person qualified to call themselves a nurse, and indeed lay down certain standards of behaviour and practice that all professionals are required to adhere to. Within these expectations is the requirement that professional practitioners will continue with their professional development throughout their working life (NMC 2008).

Governmental influences on continuing professional development

In 2001, the government introduced a framework for lifelong learning in the British NHS, with the aim of equipping staff with the skills they need to

- support changes and improvements in patient care
- take advantage of wider career opportunities
- realise their potential. (Department of Health 2001)

In *Working Together, Learning Together: A Framework for Lifelong Learning in the NHS* (Department of Health 2001) the idea of the NHS as a 'learning organisation' with a commitment to professional development for all grades of staff was floated, with the aim of creating 'an organisation which puts lifelong learning at the heart of improving patient care'. In presenting the framework, the government outlined their beliefs:

- a set of core values central to lifelong learning in the NHS and health care generally
- an entitlement to work in an environment which equips them with the skills to perform their current jobs to the best of their ability, developing their roles and career potential, working individually and in teams in more creative and fulfilling ways
- access to education, training and development should be as open and flexible as possible - with no discrimination in terms of age, gender, ethnicity
- learning should be valued, recognised, recorded and accredited wherever possible
- wherever practical, learning should be shared by different staff groups and professions
- planning and evaluation of lifelong learning should be central to organisational development and improvement, backed up by robust information about skills gaps and needs
- the infrastructure to support learning should be as close to the individual's workplace as possible, drawing on new educational and communications technology and designed to be accessible in terms of time and location. (Department of Health 2001, p. 6)

This provides a framework for continuing professional development (CPD) for all staff, from the beginning student to the experienced practitioner. Student practitioner preparation is perceived as a partnership between the NHS and universities, with a 50:50 ratio between the time spent in practice placements and in the educational environment for nurses and midwives. Much CPD activity is commissioned by the NHS from universities, where strict quality assurance processes are imposed, both internally and externally, to ensure that educational activity is of high quality, appropriate for the NHS's needs and relevant for the individual practitioner. The government further suggest that there are core knowledge and skills that should be common to all NHS employees. These are presented in Box 1.1.

With relevance for CPD there is a requirement for practitioners to:

Demonstrate a commitment to keeping their skills and competence up to date - including the use of new approaches to learning and using information - and supporting the learning and development of others. (Department of Health 2001, p. 8)

Box 1.1 Knowledge and skills framework: Core knowledge and skills (Department of Health, 2001, p. 7). Crown copyright.

All staff should:

- fully understand and respect the rights and feelings of patients and their families, seeking out and addressing their needs
- communicate effectively with patients, their families and carers, and with colleagues
- value information about, and for, patients, as a privileged resource, sharing and using this appropriately, according to the discretion and consent allowed by the patient and by means of the most effective technology
- understand and demonstrate how the NHS, and their local organisation works
- work effectively in teams, appreciating the roles of other staff and agencies in the care of patients
- demonstrate a commitment to keeping their skills and competence up to date, including the use of new approaches to learning
- using information and supporting the learning and development of others, recognise and demonstrate their responsibilities for maintaining the health and safety of patients and colleagues in all care settings.

This is reinforced by various other strategies and by the professional body. Within the current legislation there are three major initiatives that affect the professional development for all nurses and midwives:

- the introduction of personal development plans (PDPs)
- the Knowledge and Skills Framework (KSF)
- the skills escalator approach.

These will each be considered in the following sections.

Summary

- Government legislation places a responsibility on all practitioners to engage in professional development.
- As the major health and social care employer, the NHS has a commitment to lifelong learning for all employees.
- Reform of the NHS has resulted in a focus on individual development alongside service delivery needs.

Personal development plans

Central to the notion of lifelong learning is for all employees to have PDPs. These were first conceived in the publication *Continuous Professional Development: Quality in the NHS* (Department of Health 2000), which recognised the potential for every individual to progress and develop throughout their working lives. *Working Together, Learning Together: A Framework for Lifelong Learning in the NHS* (Department of Health 2001) identified PDPs as the strategy by which all practitioners would identify and meet their short-term professional development needs.

The 'personal' in PDPs refers to the plan being individualised, but it is not intended to cover the personal areas of the practitioner's life. To this extent, they are really *professional* development plans, in that they are intended to help practitioners plan and achieve their development throughout their career.

Interestingly, the idea of PDPs for students in higher education was introduced a few years earlier in the *Dearing Report* (NCIHE 1997), which recommended that all students would be using them by 2005/2006. Personal development planning is seen as:

A structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development. (Universities UK, SCOP, Universities Scotland, LTSN, QAA 2001, p. 1)

As a result, the majority of student practitioners will now be familiar with PDPs and used to completing these as they progress through their programme of study. However, the nature of these may be somewhat different to those expected by employers of qualified staff.

First, for students, the PDP may be a private document that has to be completed but is not actually seen by anyone else. This may form the basis of discussion with academic staff, but the student cannot be required to show the work to anyone. This enables it to become the repository of incidents and reflective material for the student, without fear that it may be accessed by others. Second, parts of the PDP may be copied in a progress file, which is open for access to others and officially documents the students' route and achievements during their studies. Third, this use of PDPs helps the students gain the skills needed in planning their professional development and prepares them to take on the responsibility for their own PDP as a qualified practitioner.

For qualified staff, the nature of the PDP is likely to be very different in that it is a requirement by the employer and may be an entirely public document used in appraisals or job applications. An effective appraisal is an essential part of NHS employment practice, leading to improved staff performance, higher staff satisfaction and better patient outcomes (NHS Employers 2010). Many practitioners are content to remain within the main career grades of nursing and midwifery; as a female-dominated profession, this will

often include periods of part-time or night-time working to accommodate family responsibilities and career breaks. However, whilst it is accepted that the majority of nurses work within nursing as a job, they do still have a responsibility as a professional to ensure that they remain competent and safe to practise, and that they are providing optimum care for their patients. Your employers may have certain elements of a PDP that they require you to complete on a regular basis to ensure that they are meeting their own targets for lifelong learning and staff development.

PDPs provide a way of continually engaging with your own professional development, even if it is not included within a larger professional portfolio. They are a useful developmental tool for enabling practitioners to consider their developmental needs, and to plan how these can be achieved. The PDP is self centred, reflecting on your learning experiences, what you know and what you need to know. It is about self-awareness and should be an ongoing process. It also acts as a stimulus for reflective practice, and a strategy for the practitioners to use to review their practice over time.

For many professionals keeping a portfolio that includes their PDP has become part of their professional life. However, the individual development of the PDP in isolation can be short sighted and may not develop the profession as a whole. There has to be commitment to the PDP; otherwise there is no point in developing such a plan. Interestingly Gould *et al.*'s (2007a) study of 125 nurses found that managers were perceived to operate as the gatekeepers to course admission. Therefore, one would hope that the PDP was developed alongside his or her manager.

There has been debate of the definition of continuous professional development; some seeing it as a training and a means of keeping up to date, others as a means of assuring the public that individual professionals are up to date and a way of providing employers with a competent and adaptable workforce (Friedman and Phillips 2004).

Wales has seen the development of the 'Post Registration Career Framework for Nurses' (2009). Key features of the framework are the need for career advice and review at key stages, succession planning and the achievement of specific levels of knowledge and competencies in specialist and advanced level roles (WAG 2009). Within the framework there is a clear clinical ladder for individuals to follow. The framework is not only supporting and guiding development of the individual but the development of the nursing profession. It could be argued that by the publication of such a document the government fully supports the concept of professional development. However, resources need to be in place to support professional development, and many organisations with constraints on finances are disinvesting and reducing the educational budget, with a concomitant impact on nurses' and midwives' accessibility to funding support.

One area that needs further scrutiny is the impact of professional development on patient care and outcomes. Draper and Clark (2007) posed the question of where we start to measure and evaluate the outcomes. This is a

big question as there are many variables that impact on the quality of care patients receive and the outcomes of such care.

Summary

- Every student and NHS employee will need to have a PDP.
- Students use them as part of their study programme, to document their progress and to plan for their educational needs.
- Students' PDPs are usually private and not seen by others.
- Qualified practitioners working in the NHS can use PDPs for their own individual plans for development.
- Many employers now use PDPs within their appraisal strategy, to enable practitioners to work with their managers to plan and achieve their own professional development.
- These are, essentially therefore, public documents that are required as a condition of employment.

Activity

If you do not already use a PDP, consider the following:

What would you use a PDP for?

Do you need to have one?

Do you need to find out more about them?

The knowledge and skills framework

The Knowledge and Skills Framework describes and defines the knowledge and skills which the NHS staff need to apply in their work to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff. (Department of Health 2004, p. 3)

Since the introduction of the KSF in 2001 an independent review by NHS Employers (2010) found its take-up and varied recommended simplification to improve the link between it and appraisals. The new version focuses on the six core dimensions, making them simpler, shorter and easier to understand:

- (1) communication
- (2) personal and people development
- (3) health, safety and security
- (4) service improvement

- (5) quality
- (6) equality and diversity.

These dimensions identify the broad functions required by the NHS to enable it to provide a good-quality service for the public. The other dimensions are more specific, and apply to some, but not all jobs in the NHS. They are grouped into the themes and are listed in Table 1.1:

- health and well-being
- estates and facilities
- information and knowledge
- general.

Each dimension has four levels, which describe and indicate how the knowledge and skills need to be applied at that level. This means that

Table 1.1 Specific themes of the Knowledge and Skills Framework.

Health and well-being	General
Promotion of health and well-being and prevention of adverse effects to health and well-being	Learning and development Development and innovation
Assessment and care planning to meet health and well-being needs	Procurement and commissioning Financial management
Protection of health and well-being	Services and project management
Enablement to address health and well-being needs	People management
Provision of care to meet health and well-being needs	Capacity and capability
Assessment and treatment planning	Public relations and marketing
Interventions and treatments	
Biomedical investigation and intervention	
Equipment and devices to meet health and well-being needs	
Products to meet health and well-being needs	
Estates and facilities	Information and knowledge
Systems, vehicles and equipment	Information processing
Environments and buildings	Information collection and analysis
Transport and logistics	Knowledge and information sources
Source: Department of Health (2001, pp. 6-7). Crown copyright.	

for the individual practitioners to achieve a certain level they need to be able to show that they can apply knowledge and skills to meet all of the indicators at that level. These are shown for the core dimensions in Table 1.2.

All posts in the NHS are to be evaluated against the KSF. This provides the professional practitioners with a useful indication of what knowledge and skills they will need in order to be able to progress in their career. As a result, they can use this to plan their own professional development.

The KSF has implications for providers of CPD in that it demands closer liaison between education providers and those who commission education and training in the NHS (Gould *et al.* 2007b).

Summary

- The KSF defines the knowledge and skills framework required for different posts in the NHS.
- All jobs will be evaluated against the framework.
- The framework contains 30 dimensions.
- Six of these are core dimensions and apply to every job: communication; personal and people development; health, safety and security; service improvement; quality; and equality and diversity.
- The other dimensions only apply to certain jobs.
- The KSF can be used to plan a practitioner's professional development by comparing present knowledge and skills with those expected at the next career point.

The skills escalator approach

Working Together, Learning Together: A Framework for Lifelong Learning (Department of Health 2001, p. 17) introduced the skills escalator as an approach to supporting staff in progressing through their careers. It recognises that care delivery in the NHS is not only delivered by those with a professional qualification, but is supported by many who work in 'diverse and important jobs, all of which are integral to modernising care and service delivery'. These include healthcare assistants, medical secretaries, IT mechanics, porters, laboratory technicians, to name but a few. The skills escalator is designed to move people up a skills development programme. Table 1.3 illustrates the skills escalator approach.

As a result of the recognition of the educational and learning needs for all grades and types of staff in the NHS, we have seen the widening and development of opportunities for learning from school- and college-level qualifications, to professional and post-qualifying programmes as described in the skills escalator. This has provided a route for professional development through career development, whilst recognising that many members of staff are content to remain in their grade and still need developmental opportunities throughout their working lives.

Table 1.2 Indicators of the core dimensions of the Knowledge and Skills Framework.

Dimensions	Level descriptors			
CORE	1	2	3	4
1 Communication	Communicate with a limited range of people on a day-to-day basis	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
2 Personal and people development	Contribute to own personal development	Develop own skills and knowledge and provide information to others to help their development	Develop oneself and contribute to the development of others	Develop oneself and others in areas of practice
3 Health, safety and security	Assist in maintaining own and others' health, safety and security	Monitor and maintain health, safety and security of self and others	Promote, monitor and maintain best practice in health, safety and security	Maintain and develop an environment and culture that improves health, safety and security
4 Service improvement	Make changes in own practice and offer suggestions for improving services	Contribute to the improvement of services	Appraise, interpret and apply suggestions, recommendations and directives to improve services	Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
5 Quality	Maintain the quality of own work	Maintain quality in own work and encourage others to do so	Contribute to improving quality	Develop a culture that improves quality
6 Equality and diversity	Act in ways that support equality and value diversity	Support equality and value diversity	Promote equality and value diversity	Develop a culture that promotes equality and values diversity

Source: Department of Health (2001, p. 8). Crown copyright.