

The challenge of continuing professional development for ADF nurses

Kerry L Clifford

IN THIS ARTICLE, I review the drivers for Nursing Officers to engage in ongoing professional education, the challenges faced by individuals, their units and the wider Defence Health Service in supporting professional development activities, and the generic benefits to the Australian Defence Force from such activities. Recent national nursing and government conclusions are identified throughout to highlight the requirement for ADF Nursing Officers to maintain professional continuity with the broader nursing community.

Drivers for professional development

The Australian Nursing and Midwifery Council (ANMC) in its *Code of professional conduct for nurses in Australia* identifies that:

A nurse is personally accountable for the provision of safe and competent nursing care. Therefore it is the responsibility of each nurse to maintain the competence necessary for current practice.¹

This requirement is defined as ongoing professional education to maintain and upgrade knowledge and skills pertinent to individual scopes of practice and practice setting requirements.

The ANMC *Code of ethics for nurses in Australia*² amplifies these fundamental moral commitments to the profession and identifies the basic tenets for professional conduct. This keystone document identifies six value statements, two of which specifically identify the need for ongoing nursing education after initial training. The third value statement identifies that “Nurses promote and uphold the provision of quality nursing care for all people”,²



Lieutenant Colonel Kerry Clifford registered as a nurse in 1989 and has served as a Nursing Officer in the RAANC since 1992. His postings have included the 1st Field Hospital, the Army Aviation Centre Oakey, 3 CSSB Townsville, Land Headquarters and the 1st Health Support Battalion. He completed a Masters in Health Administration in 2005 and will complete a Masters In Public Health in November 2007. He has been posted as SO1 Allied Health since October 2006, where he works on strategic health workforce policy issues.

Directorate of Strategic Workforce Development, Defence Health Services Division, Canberra, ACT.

Kerry L Clifford, RN, RM, MHA, MRCNA, MCN, AFCHSE, SO1 Allied Health.

Correspondence: LTCOL Kerry L Clifford, Directorate of Strategic Workforce Development, Defence Health Services Division, CP2-7-046, Campbell Park, Canberra, ACT 2600. kerry.clifford@defence.gov.au

Abstract

- ◆ Service in the Australian Defence Force can place restraints on the way Nursing Officers attempt to maintain basic skills competence and pursue continuing professional development.
- ◆ Drivers for ongoing professional development include professional codes of conduct, ethics and competencies, individual and workplace competency requirements, and impending requirements for production of evidence of compulsory continuing education under national health profession regulation arrangements that will commence in July 2008.
- ◆ It is through the integration of individual efforts, workplace assistance and broad Defence Health Service support that ADF Nursing Officers will be able to access educational opportunities that best meet their individual learning styles, needs and career aspirations, to the benefit of health care delivery to the ADF as a whole.

ADF Health 2007; 8: 57-59

recognising that quality nursing care includes competent care provided by appropriately prepared nurses who embrace lifelong learning and continuing education as a means of maintaining and increasing knowledge and skills. The fifth value statement identifies that:

As morally autonomous professionals, nurses are accountable for their clinical decision making and have moral and legal obligations for the provision of safe and competent nursing care.²

Having accepted the ANMC standards as the national framework for professional practice, the various state and territory nursing registration authorities around Australia have, to varying degrees, required nurses to provide statements regarding such ongoing competency as a condition for annual re-registration. The most common requirement is a self-assessment, in which nurses affirm statements regarding ongoing professional development and clinical competency. Conclusions made by the 2002 Senate Committee Report on the inquiry into nursing³ and more recently by the Australian Government Productivity Commission⁴ make it likely that evidence of compulsory continuing education will have to be provided when national registration is introduced in July 2008. To this end, the ANMC has (at time of writing) called for expressions of interest to develop a national framework for the demonstration of continuing competence for nurses and midwives.

Supporting this emerging requirement, the Royal College of Nursing, Australia (RCNA) issued a policy statement on continuing professional development. This document states the college's belief that:

Nurses recognise that, as providers of nursing care, they are accountable for the quality of their practice and therefore accept personal responsibility for continuing professional development.⁵

The college has subsequently established a voluntary system of continuing nursing education (CNE) to develop mechanisms that support compulsory CNE reporting. The aims of the program are to promote reflective practice and professional accountability through a process of assigning credit points to a range of formal and informal accredited learning activities. Participants are required to maintain education activity logs and reflective diaries that detail learning needs, activities and outcomes. Yearly audits of a number of participants monitor compliance with the process, and a random survey of the program gauges efficiency, effectiveness and acceptability generally.

Individual challenges

In its submission to the National Review of Nursing Education, the RCNA identified that "Responsibility for continuing education falls equally but in different ways between Government, industry and the individual".⁶ The challenges, benefits and liabilities of meeting these responsibilities are shared in differing proportions and ways.

Generally, nurses want to engage in ongoing learning. It is up to employers, educators and government to address issues such as access to appropriate knowledge-delivery mechanisms and financial and workplace support.

Opportunities for individuals include subscription to journals and newsletters, membership of professional bodies and specialist interest groups, regular perusal of Internet-based information resources, and participation in email professional discussion groups. The RCNA identified that individuals can best keep up to date

by joining a professional organisation which provides members with the discipline required for life long learning, up to date information, the opportunity to engage in such activities . . . to earn Continuing Professional Development (CPD) points or gain credentials.⁷

Group Captain Doherty envisioned a future where ADF Nursing will be a profession of advanced practices, with an ongoing requirement for the development of a range of specialist practices leading to employment of Military Nurse Practitioners.⁸ The ANMC *National competency standards for the registered nurse*⁹ have been adopted as the generic entry level standards which ADF Nursing Officers will be expected to meet on entry and throughout their careers.¹⁰ This vision is in line with emerging civilian requirements —

Recommendation 53 of the 2002 Senate Inquiry³ identified that career pathways need to be developed to include continued clinical practice and study to accelerate nurses to advanced practitioner level.

Organisational challenges

Various difficulties that organisations face in supporting both internal efforts and externally sourced staff education systems have been identified.¹¹ For health systems, challenges include:

- the costs associated with providing educational staff, facilities and resources, and backfilling participants in respective work areas;
- the challenges of meeting differing learning styles, capabilities and requirements among staff;
- access to and ongoing validation of externally provided (and internally funded) courses, seminars and activities; and
- the effects on staff morale of not providing popular, accessible, equitable, credible and reasonable (time/tempo/commitment) programs for ongoing professional development.

ADF health units are particularly constrained in their ability to meet these challenges. Lead times for the small amount of funding available to support attendance by staff at professional development opportunities often mean that individual bids become invalid for various service-related reasons. Manning caps and activity support requirements in our deployable units also limit the time available for Nursing Officers and other professionals to pursue both independent and collective training. Operational and exercise support requirements place great strains on the ability of units to provide staff for employment in strictly clinical settings. Besides limiting practical clinical experience, this may result in delays in officers gaining specialist practice qualifications in comparison with their civilian peers.

Governance challenges

The responsibility for providing quality health care within the ADF rests with the DHS, acting on behalf of the Chief of the Defence Force and single service chiefs. Immediate and ongoing measures must be established to support Nursing Officers throughout their professional careers to provide for an appropriately prepared and professionally competent DHS of the future.

Systems of clinical governance must foster professionally holistic environments in which individual responsibility and accountability is promoted and where administrative and clinical systems support the desired quality improvement outcomes.¹² The development and maintenance of staff competence underpins all efforts in quality improvement.

Defence Health Policy Directive (HD) 918, *Standards of health care in the Australian Defence Force*, states that “safe standards of care relate to staffing levels, training and experience”.¹³ These three factors are predominantly within the control of the health system. Similarly, HD 915, *Code of practice for health care providers within the Defence Health Service*, includes requirements to act in accordance with professional standards and with accountability in relation to health care provision.¹⁴ The ability to continue to do so depends on ongoing education as to the current professional and broader standards and the means by which they are achieved.

System-wide evolution and associated funding is required to support the above standards of practice. The range of measures required to aid development of the nursing workforce includes:

- improved systems of professional consultation and communication to gain the widest possible acceptance of emerging strategies and policies;
- augmented staff levels in health units to enable preceptor and mentoring systems underpinned by dedicated nurse educators and clinical nurse specialists;
- funding to assist (and where necessary, backfill) nurses from clinical and unit workplaces to attend in-service, career and external educational opportunities; and
- support for the employment and activities of nurse researchers into military nursing clinical practices and education systems, wider ADF community health education, and DHS system capability development and management.

Benefits

General benefits also accrue to health care systems for supporting opportunities. These benefits include:

- more effective integration of new personnel to the health system and individual work places;
- improved staff recruitment and retention through enhanced professional satisfaction and maintenance of interest in organisational values and practices;
- improved patient care outcomes (including reducing hospitalisation times) through integration of most recent developments and research into clinical work practices;
- reduced exposure to medical compensation claims and legal tort for professional negligence; and
- reductions in overall personnel costs (from injury and illness) as staff become increasingly confident, happy, multiskilled and competent.

Conclusion

Service within the ADF places additional challenges on Nursing Officers needing to undertake ongoing professional

development. Professional drivers for ongoing education exist, with the challenges being both similar and additional to those encountered in civilian nursing. However, the benefits apply to all parties involved. The DHS must recognise national nursing and government developments that highlight the need for nurses to maintain professional development. It is through the integration of individual efforts, workplace assistance and broad DHS support that ADF Nursing Officers will be able to access educational opportunities that best meet their individual learning styles, needs and career aspirations, to the benefit of health care delivery to the ADF as a whole.

Competing interests

None identified.

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(Received 19 Jul 2007, accepted 18 Sep 2007)

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