

Are we PREPared?

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The author determined, by means of a small questionnaire survey carried out at a district general hospital, what understanding nurses have of post-registration education and practice (PREP) and whether they were prepared to meet the requirements set out by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). His study also aimed to establish how Continuing Professional Development (CPD) requirements of staff at the hospital could be met.

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IN 1994, THE UKCC set forth its requirements for PREP (UKCC 1994). These requirements provided an essential link between the personal responsibility of each professional to ensure 'fitness to practise' and the principle of 'self-validation', whereby each registrant would undertake relevant study and evaluate that study in respect of his or her professional practice area. In light of recent developments in the health service, the UKCC (1999a) also maintains that PREP requirements form an important link with the government's clinical governance agenda, in that the monitoring of nurses, midwives and health visitors will ultimately serve to improve care for patients and clients.

To re-register with the UKCC, individual nurses, midwives and health visitors must have undertaken during the previous registration period a minimum of five days (or 35 hours equivalent) of study in respect of their practice area, and have compiled and maintained a personal professional profile. It is expected that all practitioners will have to meet these requirements by April 1 2001. The PREP requirements seem quite clear and have been communicated to registrants via official UKCC publications such as *PREP and you* (UKCC 1997) and professional journals. However, discussion among colleagues across a variety of clinical settings suggest that there still exists a degree of confusion and ambiguity regarding the interpretation of the process surrounding PREP and re-registration.

Aims of the study

In an attempt to investigate and discover qualified nurses' perception of PREP requirements, a small-scale study was commissioned by the nursing division of a large Welsh district general hospital (more than 700 beds). This study aimed to ascertain qualified nurses' level of understanding regarding PREP and whether they were prepared to meet the prescribed requirements of the UKCC. The study also aimed to establish how the continuing professional development (CPD) requirements of nursing staff could be supported from within the hospital.

Method

Using a convenience sampling method, 279 semi-structured questionnaires were distributed to more than 60 wards and clinical areas employing qualified nursing staff. Nurses of grades C to I, as well as senior nurse managers, were invited to participate with anonymity being maintained. 152 questionnaires were returned, giving a 54.5 per cent response rate. The questionnaires were then collated and the information entered into a computerised database for subsequent analysis. The findings were compared with some of the results of the UKCC Monitor Project Report (1999b) and although demonstrating similarities, also highlighted interesting differences.

Results

Nurses were initially asked whether they were aware of the date set for meeting all of the PREP requirements, with only eight of the 152 respondents getting the exact date of April 1 2001 correct. This incredibly low number might be explained by the several dates set by the UKCC for implementing the PREP timetable, which many of the nurses referred to in their answers to this specific question. When questioned regarding their preparedness to meet PREP requirements if they were to re-register in the next month, 63 per cent of nurses felt that they would be prepared and able to re-register, while 37 per cent were unsure or felt unable to do so. Whether those nurses who considered themselves unable to re-register did so because of an actual or perceived inability to meet specific requirements was not established.

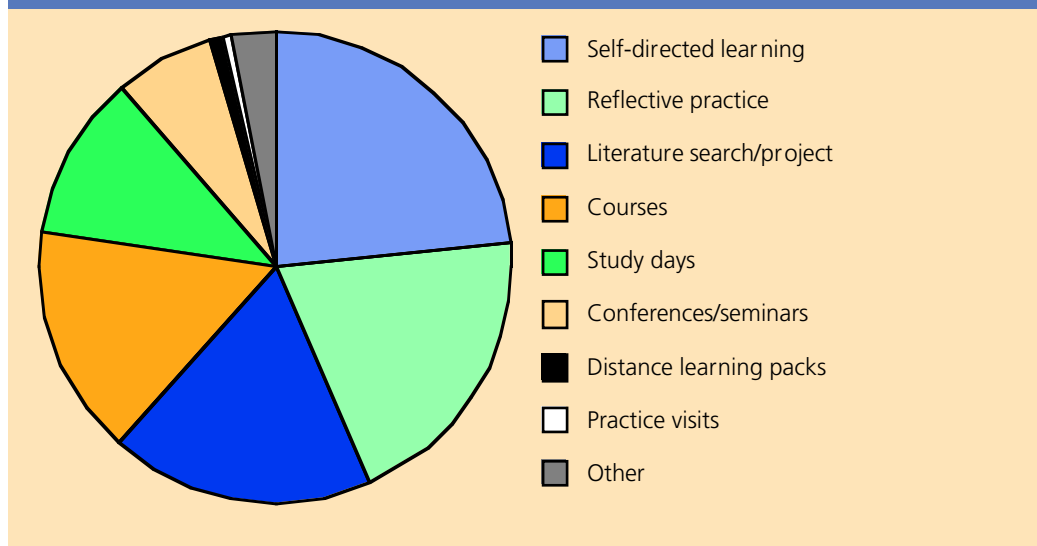
It was reassuring that of the 152 respondents, 88 per cent had undertaken some form of CPD or study activity during the past 12 months. A similar response was obtained from the UKCC PREP Monitor Project, which indicated that 87 per cent of registrants who responded had undertaken CPD (Table 1). The most common form of CPD in the hospital survey appeared to be self-directed

key words

- Professional development
- Nursing: education

These key words are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review.

Fig 1. Common forms of continuing professional development



learning (Fig. 1), undertaken by 44 per cent of nurses. This was quite encouraging, considering that the primary responsibility of meeting PREP requirements lies with the individual practitioner. Reflective practice and literature searches featured prominently and would appear to typify the established use of these methods in nurse education and clinical practice.

Attendance at courses, study days and conferences/seminars were also popular methods of CPD, although Bagnall and Garbett (1996) warn that meeting the standards for post-registration education is not just about study days and courses. They argue that attendance at such events proves little unless the practitioner can demonstrate evidence of learning and transfer it into practice. This view is further supported by Carey (1996) who contests that the days of collecting courses and certificates are over, as practitioners must take greater responsibility for the shape of their post-registration education. However, this culture appears still to exist among nurses, midwives and health visitors, as the UKCC PREP Monitor Project reported that over 85 per cent of registrants in their studies perceived that PREP (CPD) required them to engage in structured study activities, such as courses and study days.

Of the 18 nurses who claimed no professional development in the last 12 months, several reasons were offered, including lack of funding and study leave, staff shortages and inability to access courses. Although employers should, and mostly do, support the CPD requirements of their staff, these reasons add further credence to the idea of CPD being wholly or partly somebody else's responsibility rather than that of the individual practitioner. Indeed, Mangan (1993) suggested that nurses could call the educational tune themselves by funding some of their training and educational needs. In a health service which does not have infinite resources, nurses and other health-care professionals are increasingly being prepared

to fund their developmental needs, with many NHS hospitals providing facilities for easier payment methods through deduction at source contributions over a specific calendar period. Some of the professional journals also assist practitioners by offering inexpensive continuing education programmes and initiatives (CPD article page 46).

An essential component of re-registration with the UKCC is the statutory obligation to compile and maintain a personal professional profile. This is a dynamic document that can be updated and changed on a frequent basis, and involves reflecting on and recording what is learnt from everyday practice, in addition to planned learning activities (UKCC 1996). The hospital survey revealed that 127 (84 per cent) of those questioned possessed a profile, with 94 nurses (62 per cent) actually maintaining their profile on a regular basis. This figure compares with the finding of the UKCC Monitor Project, which reported that 40 per cent of respondents stated compliance in maintaining a profile.

The main motivating factor in maintaining a profile appeared to be extrinsic in nature, with 40 per cent stating that PREP requirements alone caused them to compile and maintain a profile. Other motivating factors included:

- A sense of professional discipline.
- The possibility of producing a profile at interviews.
- A place to record reflective practice.
- A file to keep documents and records of study days.

The hospital survey indicated that the principal types of information contained within a profile were records of study days, courses and evidence of professional qualifications and certificates. This compares with the UKCC Monitor Project which stated that: '...most of its respondents interpreted a profile as being a collection of certificates' (UKCC 1999b).

Although the profiles in the hospital survey did contain mostly collections of certificates and

records of study days/courses, over a third also contained evidence of reflective practice. Other types of information related to personal goals and objectives, individual performance appraisal and literature specific to areas of professional practice. Many of the nurses who did not maintain a profile highlighted time constraints, lack of self-discipline and lack of clarity surrounding contents, as the most common reasons. One nurse even resented the coercive role of the UKCC, with another arguing that it was merely a paper exercise. In the UKCC Monitor Project, over a third of registrants experienced difficulty in preparing a profile, with lack of clarity regarding contents being a major factor.

There was a perception among 66 per cent of the respondents that the hospital did not support their PREP requirements, with nurses citing lack of financial support, study leave and inadequate staffing levels to allow staff release for study time as being the factors supporting their views. There was certainly a demand to increase course and study day availability, which again highlights the notion of nurses that PREP is primarily concerned with structured study activities.

Although the sample was limited in size and no firm conclusions can be made, some interesting results and associations emerged as certain data were compared. There was no correlation with clinical nursing grades and lack of CPD or maintenance of a profile, although one clinical area did have a higher proportion of nurses claiming no CPD than others. The nurses in this area blamed extrinsic factors for their lack of CPD and once again appeared to perceive their PREP requirements as being somebody else's responsibility – namely the hospital organisation.

There did, however, appear to be a link between date of first registration and maintenance of a professional profile, with the survey revealing that 100 per cent of nurses qualifying after 1995 (n=20) possessed and maintained a profile (Table 2). The hospital recruits and employs the majority of its nurses locally and 1995 was the year that the local college of nursing produced its first qualified Project 2000 nurses. During their nurse education, these nurses have been socialised into a culture of reflective practice and have been educated in the practice of reflective writing and profiling. This may account for, and explain, the high percentage of profile compliance.

The survey also indicated that specific PREP requirements were not generally discussed by managers with nursing staff, and of the 18 nurses who claimed no CPD, it was apparent from their responses that professional development needs did not appear to be discussed by their line managers. However, 58 per cent of respondents fulfilled CPD requirements in spite of the fact that they had not discussed this with their line managers. Although line managers have a responsibility to take an interest in the PREP requirements of nursing staff, it appears that a majority of nurses will pursue and satisfy their PREP requirements independent of other colleagues and professionals.

Table 1. Comparing the UKCC and Morriston Hospital PREP studies

UKCC		Morriston Hospital
87 per cent	Professional development in past year	88 per cent
40 per cent	Difficulty in preparing a personal professional profile (PPP)	38 per cent
'Most'	PPP interpreted as a collection of certificates	47 per cent
'Little'	Evidence of reflection in PPP	36 per cent
'Most'	PREP interpreted as structured course activity	19 per cent

Table 2. Link between date of first registration and maintenance of a profile

FIRST REGISTRATION	MAINTENANCE OF A PROFILE	TOTAL NURSES
1960-1969	5 (71)	7
1970-1979	11 (52)	21
1980-1989	36 (60)	60
1990-1994	22 (50)	44
1995>	20 (100)	20
Total	94 (62)	152

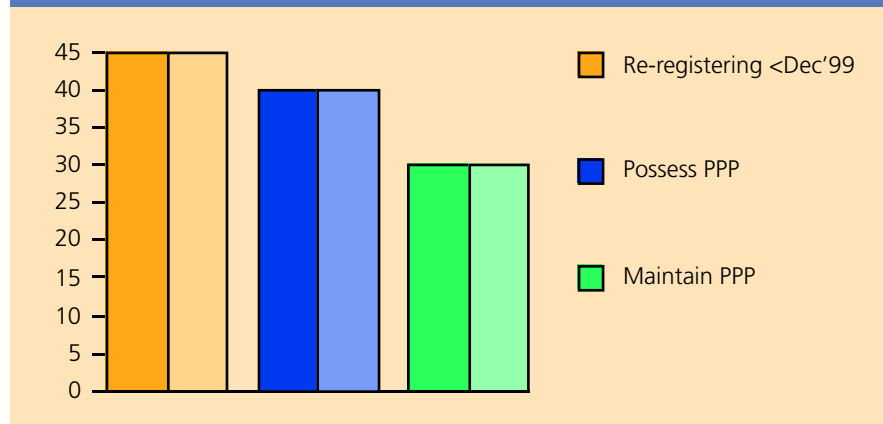
Percentages in brackets

It would appear logical to assume that nurses whose registration is imminent, would be maintaining a professional profile. However, of the 45 nurses who are due to re-register by the end of December 1999, 40 are in possession of a profile and only 30 actually practise up-to-date maintenance (Fig. 2), even though they may be required to present their profile to the UKCC at any time during the next six months.

Whether this is reflected elsewhere remains to be seen; however, many nurses throughout the UK may be burning the midnight oil in the weeks immediately preceding re-registration if they receive a specific request from the UKCC – which appears to be targeting a 10 per cent sample of registrants' profiles.

It would appear from both studies that most nurses engage in some form of CPD. However, there does appear to be a degree of confusion concerning interpretation of PREP requirements. The UKCC (1999b) has recognised this challenge and is adopting an inclusive approach that will involve all PREP stakeholders in order to strengthen its position to support and monitor PREP from 'P-Day' on April 1 2001.

Fig 2. Association between imminent date of re-registration and maintenance of a PPP



Recommendations from the study

This study recommends development of a 'PREP culture' throughout the nursing, midwifery and health visiting professions, whereby practitioners must ultimately recognise their own responsibility for PREP requirements. However, the organisations in which these professionals work must also play their part by organising PREP information days, including discussion of PREP requirements as part of staff induction programmes and reviewing PREP requirements as an integral part of an individual's appraisal process.

Conclusion

Since this study was performed, some of the recommendations are already being fulfilled within the hospital that commissioned the study. PREP is now included as part of nurse induction programmes and newly-appointed staff not possessing a profile are given a free file with guidance notes for compilation and maintenance. A PREP one-day mini-conference has also been organised with a keynote speaker from the UKCC, as well as practical workshops to assist practitioners to fulfil their PREP requirements.

As other healthcare organisations adopt a reciprocal approach to supporting PREP requirements, it is hoped that practitioners will become increasingly motivated to realise their own CPD needs. This can only have a positive effect on the professions of nursing, midwifery and health visiting, as well as the patients and clients who look to these groups of professionals to maintain and improve standards of health care.

This study was undertaken while the author was seconded to the Nursing Division, Morriston Hospital, Swansea.

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