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Integrating Evidence Based Practice With Continuing Professional Development: a Seminar Report

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This Working Paper reports the proceedings of a seminar organised jointly by the Professional Associations Research Network and the ESRC UK Centre for Evidence Based Policy and Practice, and held on 7 November 2002 at Queen Mary, University of London, Mile End Road, London E1 4NS
Abstract

This paper briefly summarises the presentations and discussion at the joint PARN/ESRC UK Centre for Evidence Based Policy and Practice seminar on the interaction of evidence based practice and continuing professional development, and the scope for their future integration and development. The programme consisted of two overviews of current developments from the perspectives of evidence informed professional practice, and of continuing professional development, followed by five case studies on school teaching, e-learning, the allied health professions, the police and child social care. The paper concludes with brief comments on the lessons learned from the presentations and discussion.

*Key words:* evidence based practice; continuing professional development; education; e-learning; health care; police; child care
Integrating evidence based practice with continuing professional development

Background

Continuing professional development (CPD) has been promoted among professionals for some time. Now, in some professions, a new set of initials – EBP\(^1\) for evidence based practice – is under discussion. This has been longest established in medicine where considerable NHS resources have been invested in making professionals better informed about the results of medical research on effective treatments. Similar commitments are emerging in other professional fields.

The seminar reported in this paper explored the interaction of EBP and CPD and the scope for their future integration and development. It was jointly organised by PARN, the Professional Associations Research Network (www.parn.org.uk), and EvidenceNetwork, the Economic and Social Research Council’s initiative on evidence based policy and practice (www.evidencenetwork.org), and was attended by 50 participants drawn equally from professional associations and research centres.

The programme started with two overviews of current developments, one from the perspective of evidence informed professional practice, the other from the perspective of continuing professional development. Then five case studies were presented on school teaching, e-learning, the allied health professions, the police and child social care. The seminar concluded with a general discussion of the issues that had been raised, and the scope for further work at the EBP/CPD interface. Each of these sessions is reported more fully below. The email addresses of the presenters are given at the end of the paper.

Overviews

Sandra Nutley, Co-Director of the Centre for Public Policy and Management at the University of St Andrews\(^2\), presented a paper titled Evidence-informed professional practice: overview and rationale. She noted the origins of a commitment to more evidence informed practice in the medical profession and its recent spread to teaching, social care and probation. Where this has been effected through the production of guidelines it presents a challenge to traditional notions of professionalism based on hard-to-codify bodies of knowledge, trust relations with clients and self regulation.

Many commentators see evidence informed practice as a further step in managerialism, and certainly formal accountability for professionals has increased. However, it also offers opportunities for professionals: it can increase public confidence in their judgements and may enhance their professional status. These changes can be observed in the probation service which Nutley has researched. The challenge for professionals is to articulate their particular contribution to the

\(^{1}\) While the common term evidence-based practice was used for the seminar, what was discussed would be more correctly described as evidence informed practice.

\(^{2}\) Sandra Nutley also heads the Research Unit for Research Utilisation, one of the EvidenceNetwork nodes.
expansion and testing of the knowledge base that informs their practice. As individuals they need to develop skills in locating and appraising research based knowledge, and integrating it with their own craft based knowledge. Organisationally, they need to develop ways of communicating explicit knowledge within the profession. Achieving this – and CPD may be the appropriate means – could re-professionalise their work.

Mary Phillips, Senior Research Officer at PARN, spoke on CPD: descriptions, debates and directions. She offered a simple definition of CPD as ‘a framework of learning and development which contributes to continued effectiveness as a professional’. Most professions are now committed to CPD for a variety of reasons: for personal professional development; to develop a competent, adaptable workforce; to maintain professional standards; and thereby reassure employers or clients. Many aspects of CPD are debated among professional bodies; should it

- be as much, or more, for the benefit of the individual as the employer?
- be voluntary, mandatory or obligatory?
- focus on inputs (e.g. hours devoted) or outputs (greater competence)? And how can the latter be measured?
- be based on self- or peer evaluation?
- be underpinned by support (e.g. mentors)

Clear trends for CPD’s future direction have yet to emerge. It may be that the individual’s engagement in learning and development, and the organisation’s concern for performance and accountability, may require complementary but distinct processes. Either way, an important part of CPD will be about professionals keeping in touch with the knowledge base of their field as it develops.

Case studies

Lesley Saunders, Policy Adviser for Research at the General Teaching Council, spoke about school teaching under the title Evidence-informed teaching: the appliance of science or pedagogical transformation? Her point of departure was the current government’s appeal for creativity and innovation in the public sector, including schools. How can we make the case for evidence informed practice as the connection between innovation and what professionals actually do? For Saunders an important means to this end is practitioner engagement with research, its underpinning concepts, values and processes as much as its data and findings. We need to understand the ‘evidence base’ not as a body of finite knowledge to be imposed on teachers, but rather as a living process built around, and tested on, practical classroom experience. This needs time and resources, but it can re-energise teachers. This is a challenge to the traditional dissemination model for research findings.

Martyn Sloman of the Chartered Institute of Personnel and Development (CIPD) recounted his experience of Research and practice: a case study in frustration. The story was of the attempt to introduce e-learning – defined as learning that is delivered, enabled or mediated by electronic technology – into training in organisations. This could be generic or tailor made, delivered synchronously (e.g. expert presentations) or asynchronously (e.g. discussion groups). CIPD’s 2002 Annual Survey found that only 30% of its member organisations were using e-learning and, of those, 70% only a
little. IT staff were the biggest users. US surveys confirmed a low take up which had remained stable over recent years. The lesson was perhaps that e-learning requires a new attitude to learning, and new skills for trainers and learners, and works best when combined with more traditional forms.

Sally Gosling, Head of Quality and Standards, Chartered Society of Physiotherapy, is directing a Department of Health-funded project developing an outcomes model for competence in 13 allied health professions (AHPs). Her paper about this was titled *Demonstrating competence through CPD: promoting an evidence-based approach*. For her, the key principles of CPD are: that it should be planned and evaluated in line with learning needs, interests and goals; that it occurs primarily through daily practice and reflection; and that learning needs are diverse and change through professionals’ careers. She also offered a definition of evidence based practice in healthcare:

> A commitment to using the best available evidence to inform decision making about the care of individuals, and the organisation of that care, that involves integrating practitioners’ professional judgement and experience with evidence gained through systematic research and that respects patients’ preferences and beliefs. [her emphases]

The AHP project is developing a common framework which distinguishes

- individual professional responsibilities, e.g. working within the limits of competence, remaining up to date, adherence to a code of ethics
- organisational responsibilities, e.g. operating within legal and policy frameworks, enabling staff to deliver safe, effective and legal practice, ensuring cost-effectiveness
- profession-wide responsibilities, e.g. supporting CPD, developing knowledge/skills case, raising/addressing research questions

This framework could be enhanced with profession-specific elements. It exemplifies both taking an evidence based approach to CPD, and evidence based practice as a focus for CPD. Access to information and support is crucial to both. And both hinge on receptiveness to change within the allied health professions.

*Getting the police to attend to evidence: Why is it so difficult?* was the title of the case study presented by Gloria Laycock, Director of the Institute of Crime Science, University College London. In developing evidence informed policing, problems remain on both the supply and demand sides. Much of the potentially relevant research is inaccessible and poorly presented, and there is a particular shortage of comprehensive research reviews reporting on not just what works, but also where and how. In addition the demand for research based evidence is limited by organisational culture: conservative rather than innovative; faith in dogma rather than data analysis; and training designed ‘not to solve problems, but to impose the law.’ However, there is some good news: pressure to deliver on crime reduction targets; the creation of the Police Standards Unit in the Home Office; a move towards intelligence-led policing; an increasingly well educated police force, and a commitment to more in-service training including the creation of Centrex, the National Police Leadership Faculty; and a greater interest in research findings.
The last case study on child public health and social care was presented by Sarah Frost of Barnardo’s and Patricia Lucas of City University3 under the title Child social care – mind the gap: evidence, policy and practice. They reported on a project designed to produce a synthesis of evidence on the value of mentoring schemes for 8-13 year olds at risk of offending. They had conducted a search for relevant research findings and then sought to communicate the results to practitioners working in the Children’s Fund. Their chosen medium was a brief, clearly written summary called an Evidence Nugget. This had been far from easy to achieve to the equal satisfaction of researchers and practitioners working in this field. Problems arose in the choice of language, agreeing what makes good evidence for practice, the simplifications that brevity necessitates, doubts about local relevance, and lack of time and resources. Their concluding plea was for the development of ‘research savvy practitioners – interested but sceptical’ – possibly an objective for CPD.

In conclusion

In the final session, William Solesbury, Associate Director (Networks) at the ESRC UK Centre for Evidence Based Policy and Practice, sought to summarise the discussions that had taken place after each presentation. He referred back to the questions which had been given as a brief to the presenters and outlined the answers suggested by both the presentations and discussions.

Do professions have unique bodies of knowledge?

The answer seemed to be a qualified yes. It seemed more true of some professions than others, and some might be more inclined to define themselves in terms of skill sets rather than knowledge bases.

What is the nature of that knowledge? What are its sources?

In each case a distinction was noted between informal, often tacit, knowledge – acquired on the job, directly or through peers – and formal, documented knowledge derived from research or the codification of practice. The move towards more evidence informed practice seemed to some to be an attempt to privilege the latter at the expense of the former. What is needed are skills and methods for integrating both kinds of knowledge.

Is it part of the CPD commitment to update such knowledge?

Some of the participants from professional associations admitted that they had hitherto been barely aware of the EBP concept. Even so, all agreed that any definition of CPD included updating the skills and knowledge applied in work. Formal CPD frameworks under development in various professions were addressing this requirement directly.

How do professionals acquire the skills, and access the resources, to achieve that?

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3 Sarah Frost and Patricia Lucas are members of What Works for Children, one of the EvidenceNetwork nodes.
The AHP project had provided a useful division between individual, organisational and profession-wide responsibilities in CPD. All could contribute to promoting skill acquisition and knowledge access. This should not be conceived in instructional terms, e.g. teaching people skills, publishing best practice guidelines, disseminating research. Professional development in this field requires reflection on practice, and engagement with research in interactive ways.

Should more be done to integrate professions’ commitment to EBP and CPD?

The presentations and discussions had shown that the two movements – for professional practice to be evidence informed, and to be continuously developing – were not, despite their separate origins, as unrelated as might at first appear. There was much common ground in their basic concerns and approaches, and some professions had already started integrating EBP and CPD. Moreover, the seminar had also shown that these issues were of interest right across the professions, not just those practising in the public service but also those active in the private sector. The seminar had initiated a useful debate.

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