Using a training needs analysis framework in career development

In the second of two articles, Hazel Pennington looks at how managers in a radiotherapy department identified staff educational needs and developed a programme to meet their aspirations and the objectives of their organisation.

Summary

This is the second of two articles looking at the use of training needs analysis frameworks to streamline the provision of continuing professional development (CPD) in healthcare settings. The first article described the process and academic strategy used to design the framework. Part two describes how one department has used the tool to identify and address staff training and CPD needs, and how this has helped meet individual, departmental and organisational objectives.

Keywords
Continuing professional development, staff training, training needs analysis

There is an abundance of literature discussing the benefits of continuing professional development (CPD) for all health professions (Gould et al 2007, French and Dowds 2008), and successive government policies (Department of Health 1999) and documents such as Working Together, Learning Together (DH 2001) have attempted to embed lifelong learning in healthcare services.

Research has demonstrated a link between CPD opportunities in relation to job satisfaction and nursing retention (Tovey and Adams 1999, Shields and Ward 2001). Although CPD requires individuals to take responsibility for identifying their own learning needs and evaluating whether these needs are met (Hancox 2002), employers remain responsible for providing staff with the resources and opportunities to undertake CPD.

Increasing recognition of the value of CPD has led many professional bodies to establish, or work towards establishing, CPD as a mandatory requirement, often linked to statutory registration. Mandatory CPD is a new concept in some professions and there is apprehension about it among staff, but this can be addressed through supportive working environments (Austin and Graber 2007).

There is considerable variation in the interpretation of the term CPD (Lawton and Wimpenny 2003) and of the crossover between the essential training needs of professional groups and the general broadening of their knowledge base.

One of the advantages of the training needs analysis (TNA) project described in the first article (Staniland et al 2011) is that the tool can be used to investigate both the CPD and essential training requirements of staff. This article describes how the tool was used in a radiotherapy department, but the process and the tool can be applied to any discipline.

The Christie NHS Foundation Trust, Manchester, is one of Europe’s leading cancer centres, treating about 40,000 patients a year. Radiotherapy is provided at the main hospital site, which houses 11 linear accelerators and treats about 8,000 patients a year. Since March 2010, radiotherapy has also been delivered from a Christie satellite centre at Oldham, and in July 2011 another satellite site is due to open in Salford.

As radiotherapy education lead, I manage a team of two education superintendents who are responsible for all educational requirements across the radiotherapy portfolio, including pre-registration (about 40 learners) and qualified staff (about 100).

In 2009/10, I took part in a University of Salford work-based learning project, which aimed to use a TNA tool to make the best use of learning opportunities (Staniland et al 2011).

At the time, the equitable and effective provision of CPD in the radiotherapy department was high.
on the agenda following the first round of random mandatory selection of CPD portfolios by the Health Professions Council (HPC) for radiographers (HPC 2010) and an imminent peer review.

**Action learning set**

Using the process of action learning, which involved a group of therapy and diagnostic radiographers, nurses, a physiotherapist, a dietician and a clinical scientist, selected by the trust and facilitated by the Salford university lecturers, a TNA was devised for radiotherapy.

Each professional member of the group used the action learning set to solve problems associated with learning in their respective departments and my goal was to design a TNA for the radiotherapy department.

The action-learning approach was used because it is a continuous process of learning and reflection, is supported by colleagues, and has the aim of ‘getting things done’ (McGill and Beaty 2001), in this case the development of a draft TNA questionnaire. Action learning brings people together to find solutions to problems and, in doing so, develops the individuals involved and the organisation (Inglis 1994).

The members of the action-learning set proved invaluable, because not only could they make objective suggestions about the structure and format of the questionnaire, but they also provided a support mechanism and framework for guaranteeing that the project was completed.

An unintended benefit of the multiprofessional action-learning set was the creation of an ongoing and strong support network across the different professional groups in the trust, which had little contact with each other before the project.

**Union learning representative**

At one of the first action-learning sets, a diagnostic radiographer spoke about the benefits of having a union learning representative (ULR) in the department. A ULR is a workplace representative who assists and advises other members on their training and development needs and promotes opportunities to access learning.

Union learning representatives have the right to time off for carrying out their duties and to undertake training (Unison 2008), and have been advocated for several years by the Society of Radiographers (SoR), the RCN and Unison.

In this project, the department’s ULR was extremely useful in gathering data and helping with data processing. The SoR also recommends that ULRs carry out some type of learning needs survey, and the TNA was perfect for addressing this union guidance.

**Developing the TNA questionnaire**

The first stage of designing the questionnaire was to review similar surveys used in other departments and trusts. The second stage was to seek advice from the trust's clinical governance staff who are involved in the design and data collection of patient and staff satisfaction questionnaires.

Clinical governance is the foundation framework for all the trust’s operating procedures, including education, and this stage of development involved much thought and discussion in the action learning set. A list of tips for the questionnaire design devised by members of the action-learning set is outlined in Box 1.

The questionnaire was divided into two sections. The first section was designed to obtain the following information:

- How much protected CPD time is given and what it is used for.
- How much of the respondents’ own time is used for CPD.
- How respondents would rate previous in-house CPD lectures.
- What respondents regard as the best time for in-house lectures.
- Whether grade affects ability to attend study days.
- Future topics for CPD lectures.

The second section was designed to obtain information about job-specific training, including:

**The questionnaire will be repeated biennially and used to identify inequalities in professional development and training provision**
Whether respondents feel they have had adequate training to do their jobs and, if the answer is no, they were asked to expand on this.

Suggestions for improving the way training is delivered.

How to identify areas of work in which respondents feel competent.

The questionnaire also included an open question asking for suggestions on how to improve the delivery of CPD and training, and space for any other comments at the end.

Pilot The questionnaire was piloted by three staff to test question interpretation. The feedback from the pilot was discussed at a further action-learning set meeting and the questionnaire design was finalised. Although it was developed for the radiotherapy department, the questionnaire structure could be adapted easily for other professions and departments in the trust.

Data collection and analysis
The ULR distributed 70 questionnaires and collected 65 (93 per cent) completed ones. The response and completion rate was high, partly because of the efforts made by the ULR, who gave staff the opportunity and time to complete the questionnaire and reminded them of the potential benefits.

Answers to the closed questions with tickboxes were worked into an Excel spreadsheet and graphs created, while the open questions were read, recorded and emerging themes categorised.

It was easy to categorise suggestions for future CPD sessions as they fell into distinct groups. However, it was more difficult to categorise suggestions for improving CPD delivery and training because some individual comments stood alone. These comments were, however, discussed by the department’s education team members, who discussed how they could be acted on.

Findings
The data showed that respondents in higher grades found it easier to access study days and take more protected CPD time. Forty per cent of respondents said they preferred in-house lectures in the morning and afternoon, excluding lunchtimes, and 45 per cent used between two and four days of their own time for CPD activities (Figure 1).

Twenty per cent (Figure 2) said that they did not have adequate training to do their jobs competently. Their open-ended question responses suggested that staff lacked competence in using new equipment and that they lost competency through not being rotated frequently enough to all areas of working.

Almost half (45 per cent) the respondents requested oncology updates as part of their non-essential CPD (Figure 3) and this was mirrored in the open question about what future in-house lectures respondents would like.

The open question on suggestions for improvements for training and CPD delivery prompted wide-ranging responses, including:

‘Have a system that shows competencies which highlight when they have not been practised for a while.’

‘Allow 15 minutes at the end of in-house lectures to write a reflection.’

Implications for practice
Any perceived lack of training that meant respondents could not carry out their jobs competently was addressed immediately.
In the case of one respondent, this resulted in immediate training, while for others training was scheduled over the next 12 months.

Staff on lower grades evidently struggled to be released from clinical duties to undertake CPD or training. In response, the education team agreed to cover the clinical duties of at least one band 5 or 6 staff member every month to allow the person time for this, a practice that was rated highly in a recent staff satisfaction survey.

Evaluations of previous CPD in-house lectures were analysed and lecturers who had positive feedback were asked to repeat the lectures. Suggested topics for CPD were discussed and sessions covering all the suggestions are now being delivered.

Data on perceived areas of staff competency were essential in helping to identify the workforce skill mix and to plan workforce development and improve service delivery. For example, results showed that:

- More intravenous (IV) cannulation-competent staff were required in order to increase the number of patients having IV radiology contrast at their radiotherapy planning scans.
- More phlebotomy-trained staff were required to create a seamless radiotherapy service in which patients were no longer sent to outpatients for blood tests.

All respondents’ suggestions for improving how training and CPD are delivered are being addressed. One suggestion was to enable easy access to lists of areas of competence for individual staff. A trust software engineer has therefore created a database that links to the staff directory and shows which staff are competent in which areas. Ultimately this will link to staff personal development reviews.

Conclusion
The TNA tool has been essential in identifying training needs and knowledge gaps and has helped formulate strategies to address these. The questionnaire will be repeated biennially to create a continual review cycle of CPD and training, and will be used to identify any inequalities in CPD provision and training in the trust’s radiotherapy satellite centres.

Taking part in the action learning set was in itself a valuable experience and is a method of problem solving that can be applied to any managerial project (Box 2).

**Box 2 Benefits of multidisciplinary action learning sets**

- Development of a strong cross-professional support network.
- Insight into similar issues in other professions.
- Appreciation of different professional approaches to solving similar problems.
- Objective and varied opinions.
- Shared learning.
- Prevention of repetition of work across organisations.
- Foundation for further multiprofessional projects.
- Improved professional relationships.
With the increasing need for cost effectiveness in health care, managers must be able to evaluate CPD delivery and provide CPD opportunities that are appropriate to the service and to individuals’ needs. Using the TNA tool enabled the education lead to assess CPD requirements and tailor CPD opportunities to suit the needs of the department and staff for the next 12 months, rather than potentially waste valuable resources.

Although the Radiographer’s Code of Conduct (Society of Radiographers 2002) requires participation in CPD, there was still and element of anxiety about mandatory CPD (HPC 2010), which was implemented for radiographers in 2010. Using the TNA has reassured staff that CPD is on the department’s agenda and that there is provision for tailoring CPD activities and training to suit individuals. To ensure staff recognise the value of the TNA, and know they are valued, it is essential that they see that positive action is taken in response to their feedback, with recognisable results.

Good managerial style has been linked to the ability to create a supportive atmosphere in clinical environments that promotes effective learning opportunities during routine clinical practice (Gould et al 2007).

Again, using the TNA actively promotes the department’s ongoing commitment to providing effective CPD opportunities and training.

The TNA has helped create a positive learning environment, promoted effective leadership in education and supported the use of the data collected to deliver cost-effective CPD and training, which will enhance patient safety and address individuals’ learning requirements. The benefits are summarised in Box 3.

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**References**


