WF CEPN Research Report 2018/19

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Abstract—Community Education Provider Networks (CEPNs) have a shared purpose to create the right workforce to support the delivery of population health outcomes which can be defined by strategic objectives. Clinical and non-clinical staff constantly undergo training for Continued Professional Development (CPD). This research was conducted on all the varied Education sessions that occured in between 01/04/2018 - 21/05/2019. Appropriate techniques were used to measure the success of these objectives in WF CEPN, and it was found that all of the objectives were effectively taken into consideration during the coordination of Education Sessions, with some areas for potential improvement. This research aims to evaluate the effectiveness of these sessions, while also providing useful lessons in order to improve the quality of sessions held.

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I INTRODUCTION

CEPNs are a new model of planning and providing education and training for the workforce. They are based on the theory of collaborative networks, which is defined as: 'A collection of organisations that possess the capabilities and resources needed to achieve a specific outcome' [1].

CEPN has several national and regional objectives. The regional aims in London and South East London include:

1. **Workforce Planning**

   Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.

2. **Responding to local workforce needs (and alignment with local commissioners)**

   Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs. Ensuring that education and training is aligned to changes in service.

3. **Developing the existing workforce**

   Developing, commissioning and delivering continuing professional development for all staff groups and for looking at innovative ways to transform and improve CPD.

4. **Coordinating Education programmes**

   Local coordination of education programmes to ensure improved economies of scale, reduced administration costs and improved educational governance. This included ensuring training and rotations are offered in primary care settings.

5. **Developing local educational capacity and capability**

   Increasing the ability to accommodate greater numbers of placements and the development of multi-professional educators in community settings.

6. **Monitoring Education Quality**

   Supporting improvements in the quality of education programmes delivered in primary and community care, for example, through peer review.

II METHODOLOGY AND RESULTS

Objective 1: Workforce Planning

In order to tackle workforce planning, several techniques are used. Firstly, we used registration prior to attending the event. Then, the number of registrants vs. attendees was used to best inform the most demanded sessions, and where training funding should be invested.

Data methodology

There was a total of 96 different sessions conducted by WF CEPN in the period 01/04/2018 - 21/05/2019. In order to compare registrants' vs attendees, the total number of both were collated for the 96 sessions.

Data results

Altogether, 2292 registered and 2490 attended in total. Individually, amongst the 96 sessions, registrations were greater than attendance for 47% of the sessions, 46% sessions had lower registrations than attendance, and registered equaled attendees for a small proportion of 7%.

Objective 2: Responding to local workforce needs

Data Methodology

At the end of each session, attendees complete a feedback form, and one of its part is to provide future topic session ideas. This data was analysed and the most demanded sessions are arranged. In this research, the future topic ideas

were taken from sessions which had 20 attendees or above (61% of the sessions) to ensure that the topic requirements reflect the needs of majority of clinical staff.

Data Results

The top 10 training suggestions are provided below. Full table can be viewed in Appendix A, Table 2.

Name of topic (brackets are specific requests)	Number of requests
Women's health (e.g. gynaecology, HRT, menopause, perinatal health)	16
(Children's) mental health issues and managing patients (multiple sclerosis, dementia, autism, tremor, anxiety, bipolar depression)	15
Dermatology	12
Rheumatology	11
Neurology	10
Diabetes/ hyperlipidemia	8
Paediatric sessions (e.g. childhood asthma)	8
Immunisation (e.g. in school, vaccination, viral hepatitis, general update, RV, Polypharmacy)	8
Chronic conditions (e.g. leukaemia, liver, pain, Lymphedema, CKD,	7
Respiratory topics (e.g. COPD, spirometry)	7

Table 1: Most demanded sessions of the year

Objective 3: Responding to local workforce needs

Data Methodology

In this research, the number of various clinical staff that attended the sessions throughout the year were collected and scrutinised against the objective. To simplify this process, the most attended session by each clinical staff as well as the most attended session in the year is recorded.

Furthermore, CPD certifications are provided at the end of every session to allow them to demonstrate their continual improvements.

Data Results
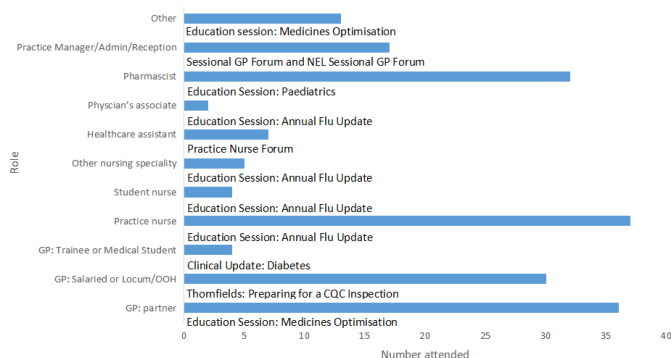
The results obtained are shown in Figure 1.

Figure 1: Most attended session by each clinical staff

The most attended session in the previous year is a Thursday Education Session for *Annual Flu Update* with 70 registrations and 93 attendances, taking place on 06th of September 2018.

Objective 4: Coordinating Education programmes

Data Methodology

A wide range of training sessions are conducted to ensure improved economies of scale, reduced administration costs, and improved educational governance. To determine whether this has been achieved, the number of varied training programmes conducted last year were recorded and presented as a pie chart.

Data Results

A majority of the Thursday Education sessions are targeted towards GPs, Nurse and HCA training are focused, while Skills Matrix 2018/19 covers a range of both targeted and multi-disciplinary programmes.

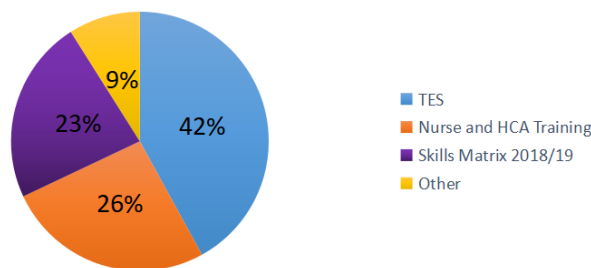Figure 2 shows the range of education sessions conducted as a percentage of the total:

Figure 2: Range of Education sessions conducted

Objective 5: Developing local educational capacity and capability

Data Methodology

This objective can be observed in two parts - accommodating greater number of placements and development of multi-professional educators.

WF CEPN Education sessions make use of a hotel venue to accomodate for greater numbers where appropriate. Moreover, there is a constant lookout for improved and more convenient venues with greater capacity and quality.

Multi-professional educators are developed by inviting highly qualified professionals and clinicians with in-depth knowledge to ensure training is of the highest quality.

Subjective analysis was conducted to observe the effectiveness of the above.

Data Results

Comments such as the following were observed:

"Well informed speaker, but could be more interactive", (Cancer, 17/05/2018)

"Very good speaker" and "Session was well-presented, well-chaired" (The 3D WORLD OF Old Age Psychiatry, 14/06/2018)

"Very well organised and informative session. David was excellent." (Public Health – Why Talk about Healthy Weight?, 21/06/2018)

"Venue could be located more centrally to patients." (Asthma Training Nurse, 11/05/2018)

"Very informative and useful. Relevant to general practice (Sexual and Reproductive Health - STIs, 21/06/2018)

"Trainer is professional, extremely knowledgeable of topic and she is very good at sharing thoroughly and impacting knowledge." (Nurse Training - New to Ear Irrigation, 22/06/2018)

Objective 6: Monitoring Education Quality

Data Methodology

Quality of education sessions are improved in primary and community care by collecting feedback at the end of each session and incorporating the feedback into the following sessions. A template of the feedback form is attached in Appendix A, Figure 3: Feedback form template page 1 and 2 for reference. Some of the questions have to be completed before the session, and some at the end. Attendees also have an opportunity to give suggestions on improving the session.

Additionally, we used the gathered data to identify the preferred day of the week. We found that 64.4% of the sessions with more than 30 attendees occurred on Thursday. Hence, Thursday was the most preferred day of the week at the time of study.

Data Results

From the feedback form, the most answered questions are 2, 3, 4 (almost never skipped), and the least answered questions are 1 and 5. Having a good response rate enables WF CEPN to improve the quality of the education sessions.

Some useful comments for improvement include:

"More clinical topics, better organisation regarding topics/talks" (Session Analysis: Serious Violence –Primary Care Response, 31/05/2018)

"Mental health, how to handle consultation with mental health patient" (Session Analysis: Sexual and Reproductive Health - STIs, 21/06/2018)

"If the slides could be given to the attendees, that will be great." (Session Analysis: Nurse Training -New to Ear Irrigation, 22/06/2018)

"More case-based learning" (Session analysis: public health - early years, 10/05/2018)

III LESSONS LEARNED

An important lesson learned is that high attendance to a session does not equal to high preference. For example, the most attended session of the year is Annual Flu Update in Sep 2018 but this could probably be because it was mandatory, not because of preference. It is important to be aware of this difference as they cannot be termed interchangeably, and so does not suggest that that session was heavily demanded by the GPs.

Further lessons can be learned from the methodology and results of each objective:

Objective 1

There is generally a variation in the number of registers and number of attendees, with only a small proportion of 7% which was equal. It is important to overcome the deviance so that sessions can be better prepared for the correct number of attendees. Misleading registers such as lower register count would lead to insufficient resources, possibly cramped environment (if overcrowded) while overestimated register count would lead to wasted resources. Possible solutions include paid tickets for session or a higher membership fee for joining Skills Matrix, as the staff are less likely to skip the session if they have invested a lot of money in it.

Objective 2

It is essential to cater to at least the top ten training suggestions on a priority basis as they were repeatedly suggested multiple times. This will ensure that local workforce needs are efficiently responded and adhered to.

Objective 3

The methodology used to measure 'response to local workforce needs' proved beneficial to review whether we were providing continuing professional development for *all* groups, which we are. It is evident that different sessions

are most attended by different group, therefore it is important that various sessions are conducted regularly to cater to everyone's professional development.

Objective 4

It is evident that Thursday education sessions is the most popular, shortly followed by Skills Matrix sessions. The lesson learned from this is that the Skills Matrix sessions can also be conducted on Thursday to achieve higher multi-disciplinary attendance.

Objective 5

It can be observed that WF CEPN excels in providing quality training using professional clinicians and non-clinicians. However, there are a few complaints about the venue so an alternative venue could be considered for Thursday Education Session in order to increase attendees' satisfaction.

Objective 6

While a good response rate to questions 2, 3 and 4 proves beneficial in monitoring session quality, question 1 (role) and 5 (comments and future topic ideas) are equally important too. The former will help to determine which professions are benefiting the most (or not) while the latter will help adhere to suggestions for improvement and future topic needs. To prevent skipping questions, a plausible solution is to provide a digital feedback form with mandatory fields for all questions.

IV THREATS TO VALIDITY

This research has strived to provide accurate and precise results as much as possible. However, it is important to be aware that certain bias and inaccuracies could have been caused inevitably; both in data collection and data presentation.

Firstly, while collecting data for each session, we noticed that many attendees skipped the question where they have to state the role. This means that the most attended session by each staff (as well as overall) could be different, should everyone actually responded. Additionally, some sessions could not be analysed at all as there were no feedback received from the session or there were no attendees. To prevent this from affecting our overall result, we discarded the responses with no useful information.

Secondly, our result proved that Thursday is the most preferred day of the week (for the reasons stated before). However, majority of the sessions conducted were on

Thursday anyways, so it is difficult to tell whether this was actually due to preference or probability.

Thirdly, the solutions provided in section IV (like the one to eliminate the deviance between registers vs attendees) are suggestions alone. It is not 100% guaranteed to work. Alternative solutions can equally be as effective, if not more.

Lastly, the most requested future topic ideas are valid at the time the research is conducted. However, this is a variable as the requirements could change year to year, excluding the compulsory ones. In addition, the topic ideas may not be representative of the needs of the entire workforce because, not everyone attends every session, some do not answer the question on 'Future topic ideas', and illegible comments were ignored. Nevertheless, we tried to mitigate these issues by mainly considering the mostly frequently asked requests.

V CONCLUSION

In conclusion, this research report has analysed the extent to which the regional objectives of Health Education England were met by the WF CEPN methodology. It is evident that WF CEPN effectively tries to achieve all of them, and the results provided in this report proves that point. Some useful lessons learned from this research can be used to improve the quality of Education Sessions by reducing deviancy between Registers and Attendance to prepare better for the sessions, using an alternative and 'more central' venue, and mandating all questions on the feedback form using a digital version. Topic suggestions provided can be useful in planning the following year's Education calendar. Overall, this has been a successful research.

Future research could cover national CEPN objectives, or a more systematic, in-depth, quantitative and qualitative analysis of each regional/national objective.

APPENDIX A

Name of topic (brackets are specific requests)	Number of requests
Women's health (e.g. gynaecology, HRT, menopause, perinatal health)	16
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Dermatology	12
Rheumatology	11
Neurology	10
Diabetes/ hyperlipidemia	8
Paediatric sessions (e.g. childhood asthma)	8
Immunisation (e.g. in school, vaccination, viral hepatitis, general update, RV, Polypharmacy)	8

Topic	
Chronic conditions (e.g. leukaemia, liver, pain, Lymphedema, CKD,	7
Respiratory topics (e.g. COPD, spirometry)	7
Case based training	6
Eye (e.g. Ophthalmology)	6
Asthma	5
GP alternate career advice	5
Back pain	5
Elderly care	5
Clinical topics	5
Heart conditions (e.g. Arrhythmia, heart failure, ECG, IHD)	5
Hypertension	5
Sexual health (e.g. contraception, fertility)	5
Wound care	4
MSK	4
Cancers	4
Allergy (e.g. anaphylaxis)	4
Safeguarding, religion, expectation	3
GDPR	3
Ear syringe	3
Smear test	3
ENT	3
Child protection	3
HCA/ Haematology	3
Men's health (e.g. MGUS myeloma)	3
QI module	3
Painkillers	2
Case history/ studies	2
Thyroid	2
Training on using different kinds of kits	2
(Interpreting abnormal) CFTS	2
Orthopaedics	2
Working smart	2
Eating disorder	1
Learning disability	1
flamatory foot disease	1
r illnesses	1
Urology	1
Coagulatorry disorders	1
Lymphedema	1
Varicose eczema	1
Gender/ trans issues within NHS	1
Negotiation	1
Federation/ networks - what are they?	1
Local hospital knife crime approach	1
Gastroenterology	1
Obesity	1
Malaria	1

Table 2: All topics requested in the year

Figure 3: Feedback form template page 1

Figure 3: Feedback form template page 2