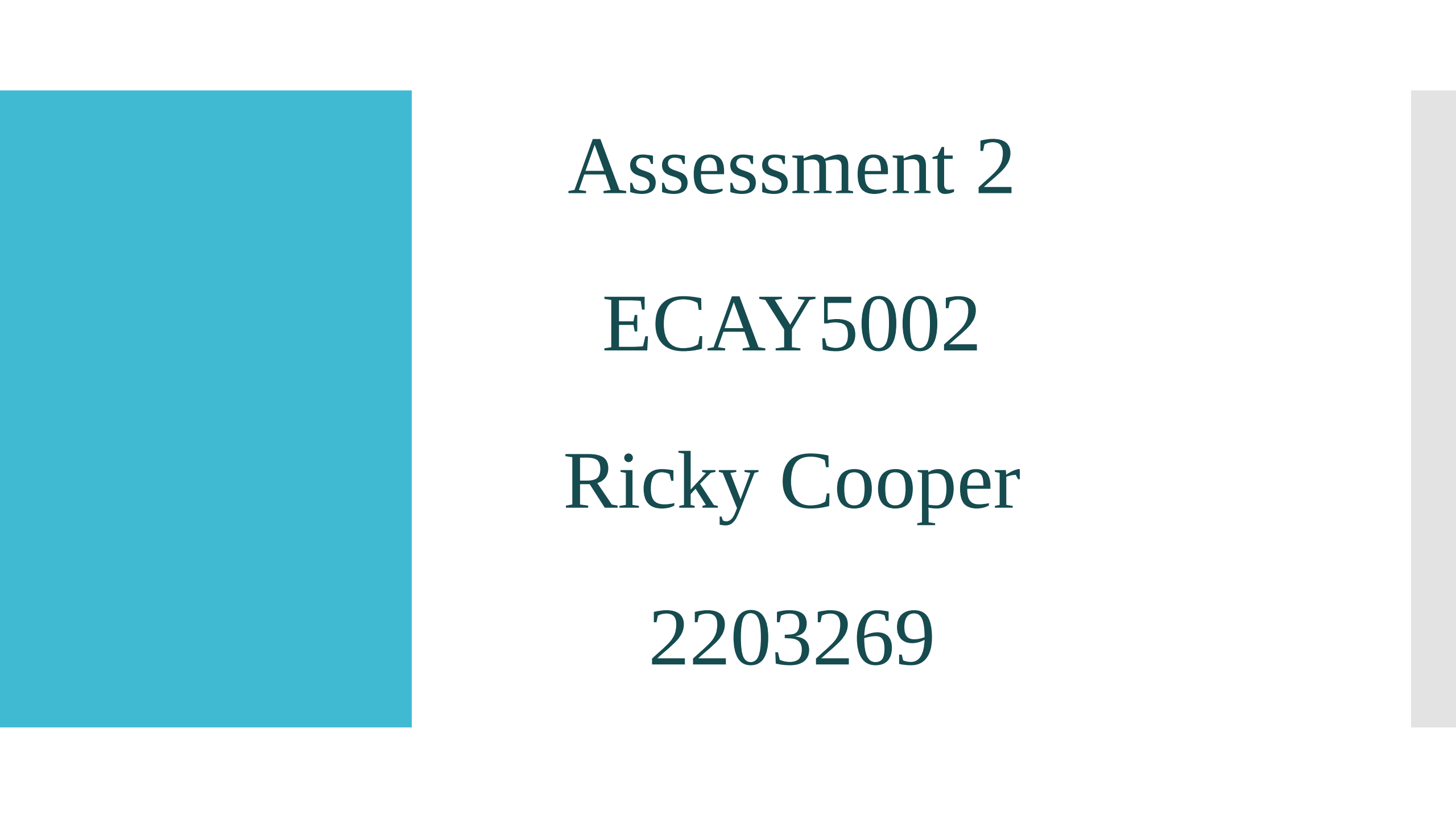


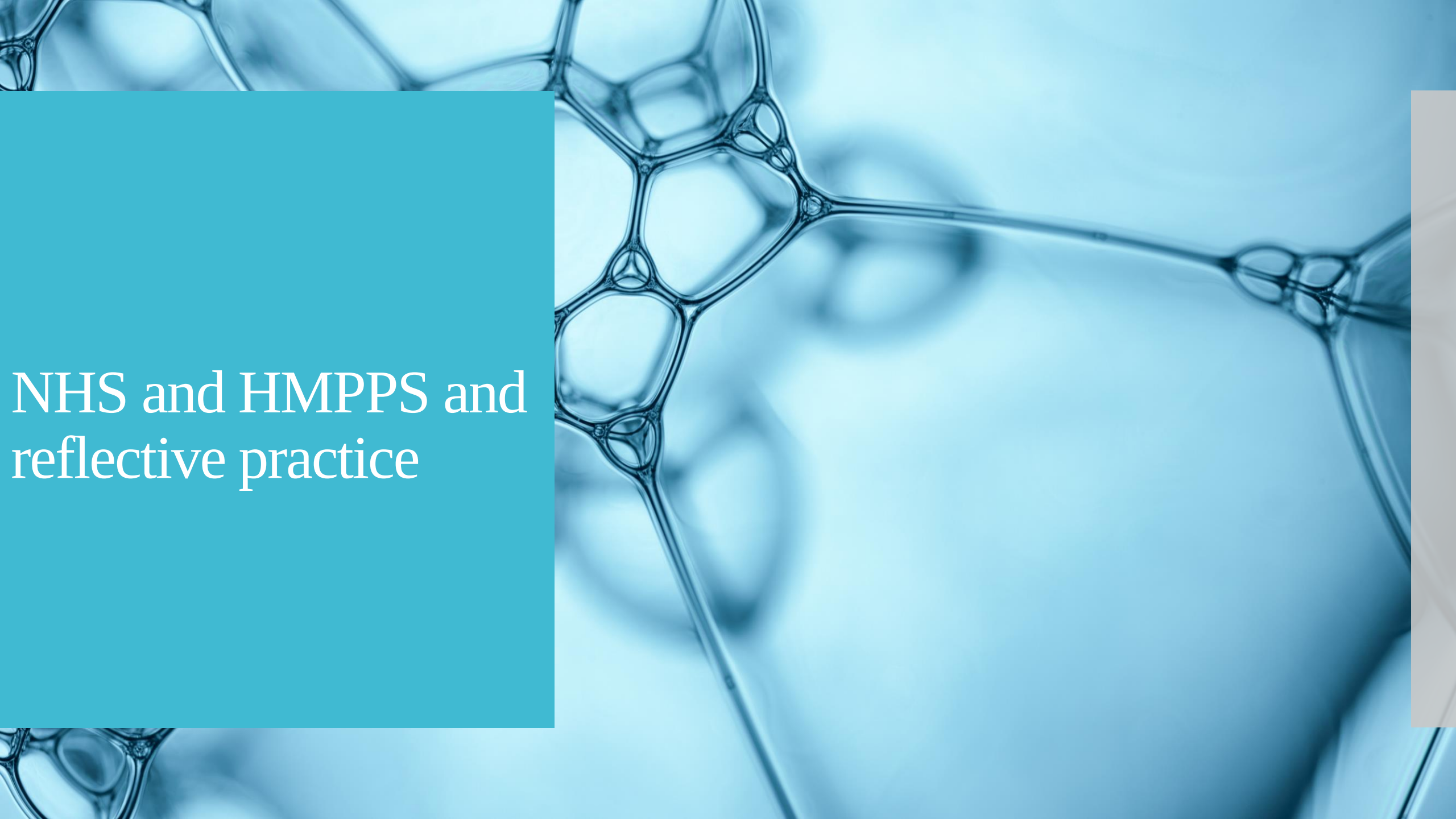


Assessment 2

ECAY5002

Ricky Cooper

2203269



NHS and HMPPS and reflective practice

For an organisation of your choice identify the role that reflective practice plays in improving services.



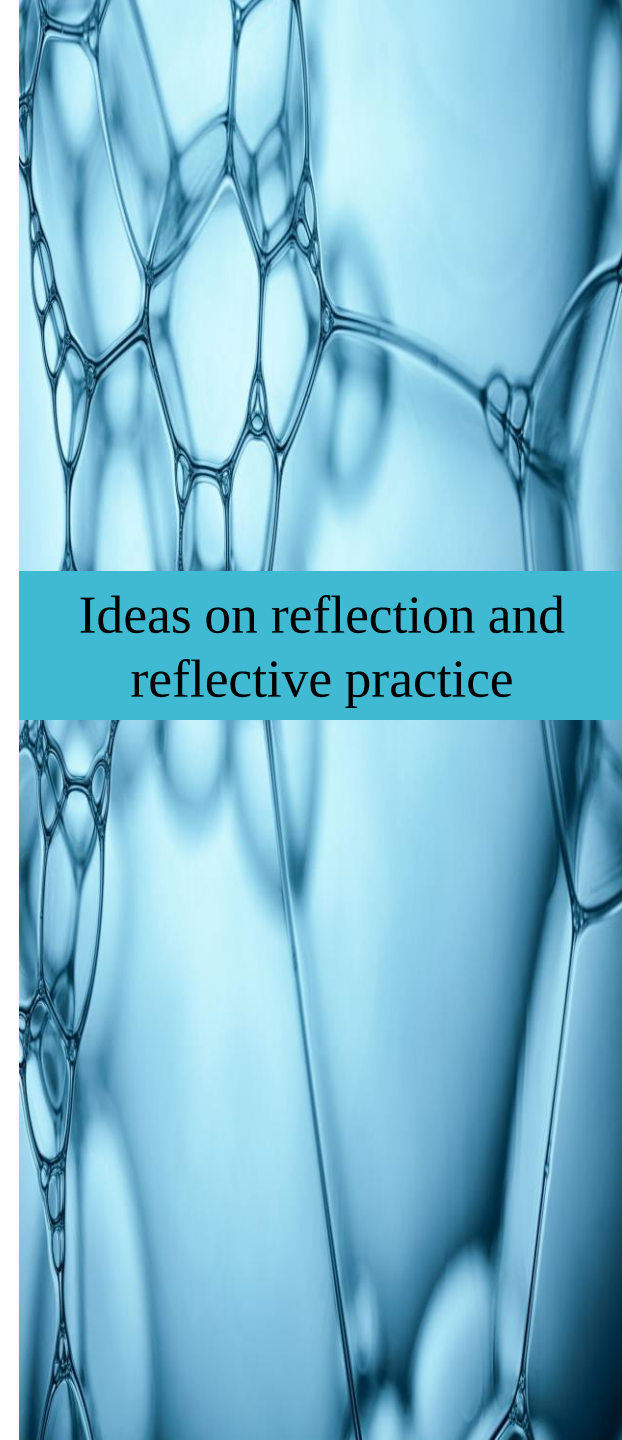
**SECTORS OF THE
NHS AND HMPPS**



**USES OF
REFLECTION**



**WHAT CHANGED
AND EVOLVED**

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‘Reflection and reflective practice are frequently noted in the general education literature and are increasingly described as essential attributes of competent health care professionals who are prepared to address these challenges.’ (Argyris and Schon 1974; Boud et al. 1985; Epstein and Hundert 2002; Moon 1999; Schon 1983, 1987 cited in Mann *et al*, 2009, p. 596).

Ideas on reflection and reflective practice

‘Recent contributions argue that in order to better understand learning experiences and their outcomes, we need to pay more attention to social conditions and other factors that affect them.’ (Fleming, 2018; Fleming et al., 2019; Taylor & Snyder, 2012; Taylor & Cranton, 2013; Mälkki, 2010; 2019; Murray, 2013. cited in Holdo, 2022, p. 9).

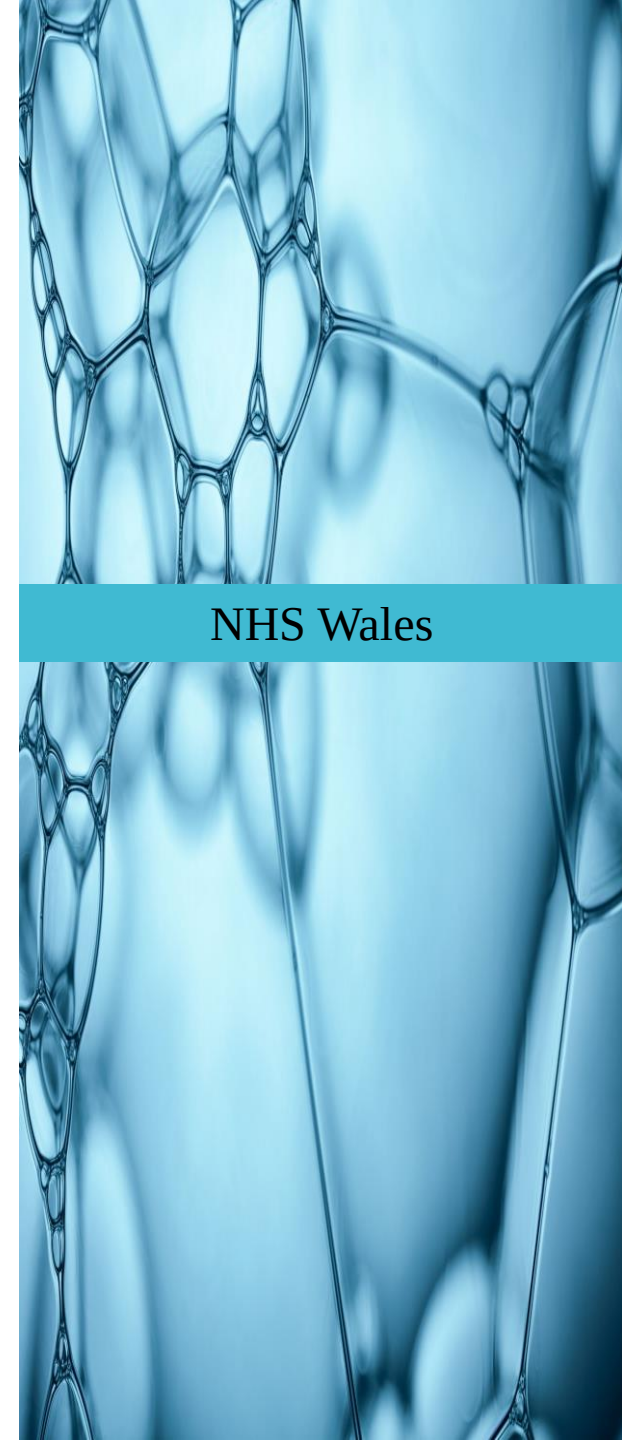
‘Reflective practices, wherein individuals learn from their own professional experiences, may be the most important source of professional development and improvement.’ (Nakamura and Yorks, 2011. cited in Minna and Juhani, 2015. p. 392)

The General Medical Council and Academy of Medical Royal Colleges, postulate that requirements cannot be met simply by gathering data. Reflection must be made and carried on continuously and is central to all revalidation and annual appraisal.

The AoRMC defines reflective practice as analytically thinking about a situation or activity, monitoring it and evaluating the outcome, and can take place, before, during or after any given situation.

Through semi citation they reference the Kolb learning cycle and the work of Donald Schon on being a reflective practitioner as to why reflective practice is important for a developing professional.

(NHS Wales, Reflective Practice, 2024)



The General Dental Council concurs with the GMCs stance in that reflection is key to continual professional development.

The GDC outline guidance that is key for enhanced Continuing professional development, within this is the usage of reflective practice.

NHS Wales

Using reflective practice within ECPD, stipulated by the GDC, means that it can be tailored and adapted to individual professionals.

The GDC have issued a supportive statement on the benefits of reflective practice and common expectations for health and care professionals.

(NHS Wales, education and training, 2024)

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NHS Scotland

NHS Scotland treats Reflective Practice in much the same way as the GMC and NHS Wales, stipulating that it is designed to consolidate and develop knowledge and skills.

NHS Scotland details that through reflective practice you gain an ability to be conscious of your beliefs, values, qualities, strengths and limitations and how they can influence your reflective practice.

The key difference between NHS Wales and NHS Scotland appears to be their chosen reflective models, with NHS Scotland favouring Gibbs and Driscoll for their reflective practices.

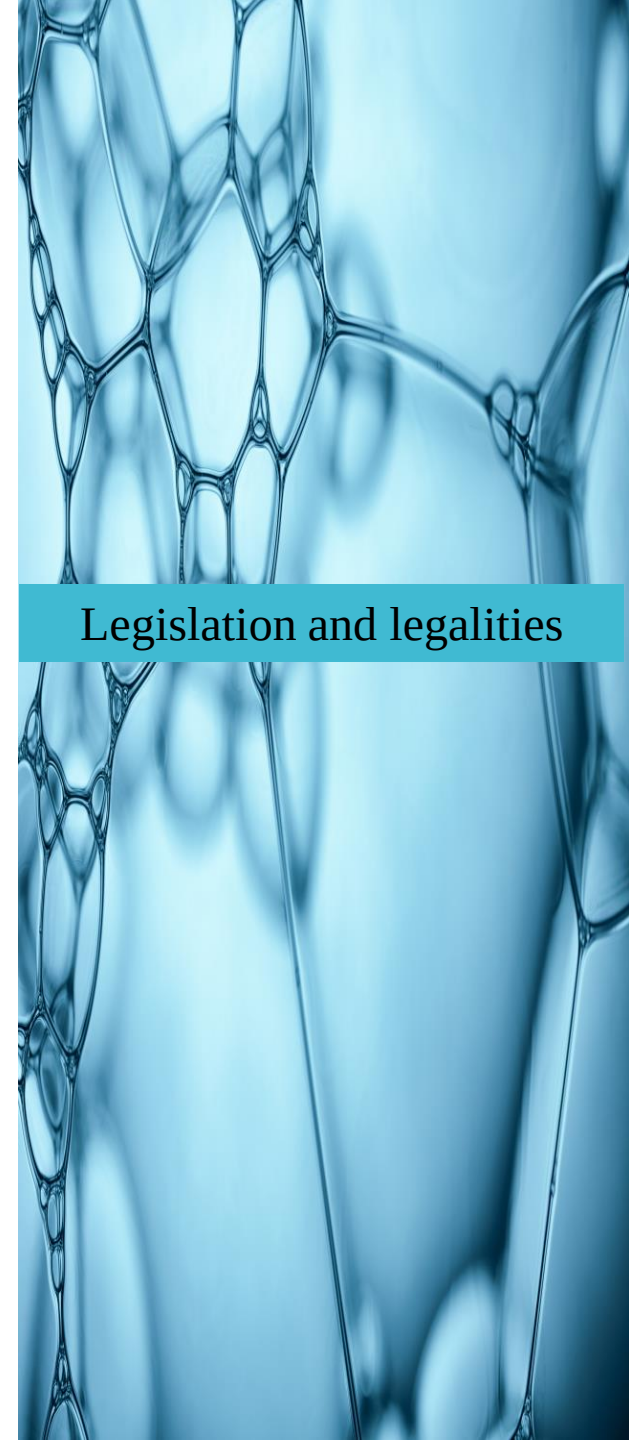
(NHS Education for Scotland, Reflective practice, 2024)

NHS England mirrors the Reflective Practice stance of GMC and NHS Wales.

Emphasising: Critical thinking. Reflection. Practice based knowledge

With Practice based knowledge they state that what is gained is context bound but can be applied to similar situations, and through reflective practice a nurse or practitioner can adapt their experiences.

(NHS Northumberland, Tyne and Wear, Reflective practice, 2013)

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Legislation and legalities

(Social Services and Well-being (Wales) Act 2014), outlines many aspects of care that can impact a person's life and is one that is routinely reviewed and examined.

(The Care Act 2014), a country wide act that dictates multiple aspects and actions within the care sector.

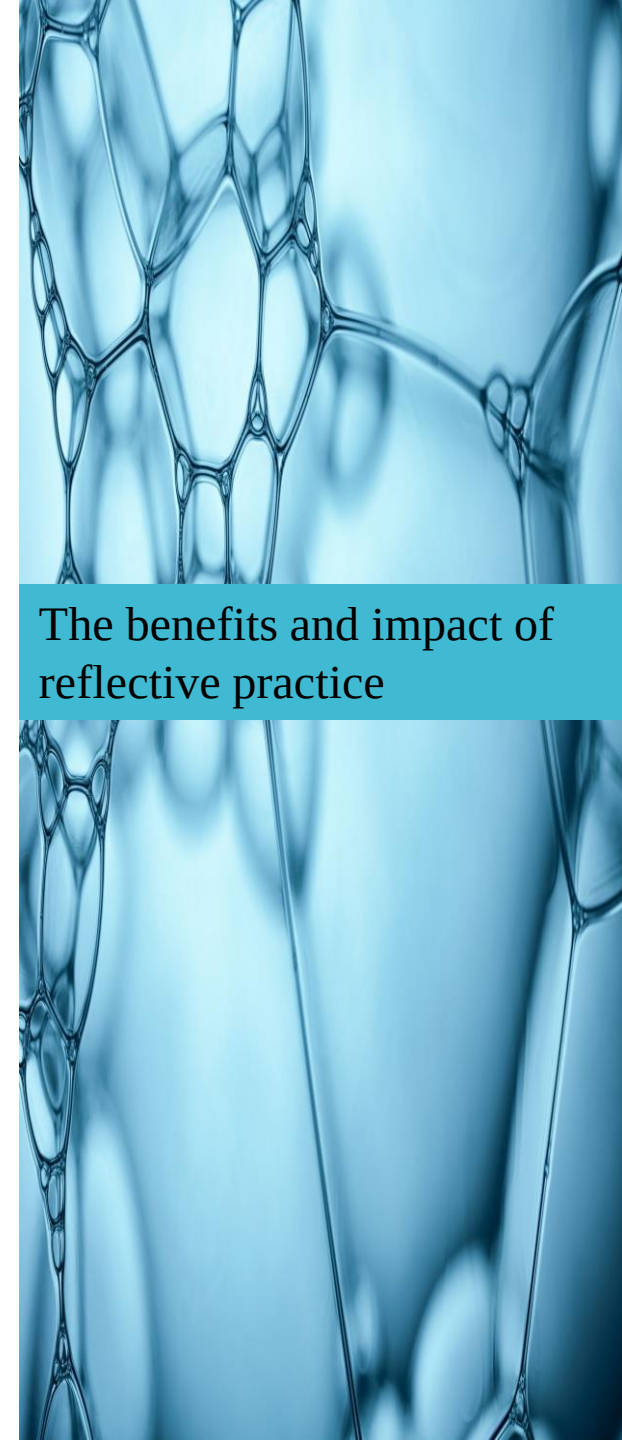
(Social Services and Well-being (Wales) Act 2014., The Care Act 2014)

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The benefits and impact of reflective practice

‘We all have the capacity for reflective thought ... when we encounter situations that are unfamiliar, unexpected or uncertain. These situations may lead us to hesitate, to take a moment to frame what is happening ... to search our memory for relevant knowledge and prior experiences ... Part of this is about generating different options for action, weighing up one possible action over another ... This type of thinking is at the heart of expert practice, it is the basis of clinical reasoning, treatment planning and innovation.’

(NHS England, 2024, np)

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The use of reflective practice is far spread, as seen with Reflective Practice Groups, used as a replacer to terms such as supervision or other antiquated wordings in a work setting. (Davey *et al*, 2021, np)

Reflective practice when integrated into the educational practice, could enable student nurses to better evaluate and expand on their own methods and work. (Smith and Jack, 2005, p. 33)

The benefits and impact of reflective practice

The GCC (General Chiropractic Council) encourages the use of reflective practice in all registrants through the CPD (continuing professional development) scheme. (hcpc-uk, 2019, p. 3)

The GOC (General Optical Council) incorporates reflective practice into its enhanced CET through questionnaires that prompt reflection and registrants complete a personal development plan to encourage reflection also. (hcpc-uk, 2019, p. 4)

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The benefits and impact of reflective practice

The GPC (General Pharmaceutical Council) revalidation format has reflective practice at its core, as well as group reflection and peer discussion. ([General Pharmaceutical Council, 2024, np](#))

The Pharmaceutical Society of Northern Ireland much like its English, Welsh and Scottish contemporaries also uses the CPD scheme to enforce the use of reflective practice. ([PSNI, 2024, CPD](#))

The GOC (General Osteopathic Council) utilises reflective practice in their CPD mandates and encourages interaction with other professionals and medical personnel. ([General Osteopathic Council, 2024, np](#))

The NMC (Nursing and Midwifery Council) states ‘Reflective practice is a way for you to consider how you can put changes or improvements into action in your everyday practice.’ ([NMC, 2024, p. 01](#))

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The benefits and impact of reflective practice

‘Creating the space to reflect on your practice, by yourself, with a colleague or as part of a group, can help you to deal with high levels of pressure and share lessons learned to strengthen the important bonds within and across teams.’ ([hcpc, 2024, np](#))

‘Central to the ongoing professional development of our NHS doctors, nurses and other healthcare professionals is the concept of reflective practice.’
([Bayley and Koukpaki, 2020, np](#))

As a support for reflective practice Schwartz rounds were introduced. An informal and emotionally driven, collective discussion open to all staff. ([The Point of Care Foundation, 2024, np](#); [HSE, 2024, np](#); [General Medical Council, 2019, np](#))

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Other supports for Reflective Practice.

‘When trying to make sense of reflection, the physiotherapists with whom I worked felt that they already engaged in it in the course of their day-to-day practice; it felt familiar to them, and they could not see the virtue of formalising the whole process.’ (Cole, 2005, p. 14)

‘what you may not have considered is that you have been subconsciously reflecting your whole life: thinking about and learning from past experiences to avoid things that did not work and to repeat things that did.’ (Koshy *et al*, 2017, p. 01)

‘The practice of reflection is now recognised internationally as key to ensuring that students are prepared to address the complexities, uncertainties and challenges encountered in contemporary working environments.’
(Dolan *et al*, 2006; Yip, 2006; Ruch, 2007 cited in Wilson, 2011, p. 155).

‘Accountability for the planning of health services for prisoners lies with NHS Wales, although this responsibility can only be exercised in partnership with HMPPS.’ (Lloyd *et al*, 2021, p. 15)

‘Since 2003, health care services for prisoners have been commissioned by the National Health Service (NHS).’ (Walsh and Bee, 2012, p. 02)

‘The consensus view of the majority of key informants was that prison healthcare services have undergone ‘transformation’ during the ten-year time period of NHS commissioning of prison healthcare since 2006, leading to significant improvements in quality of care.’ (Public Health England, 2016)

NHS in England utilises a preceptorship program, especially for those within the prison healthcare system.

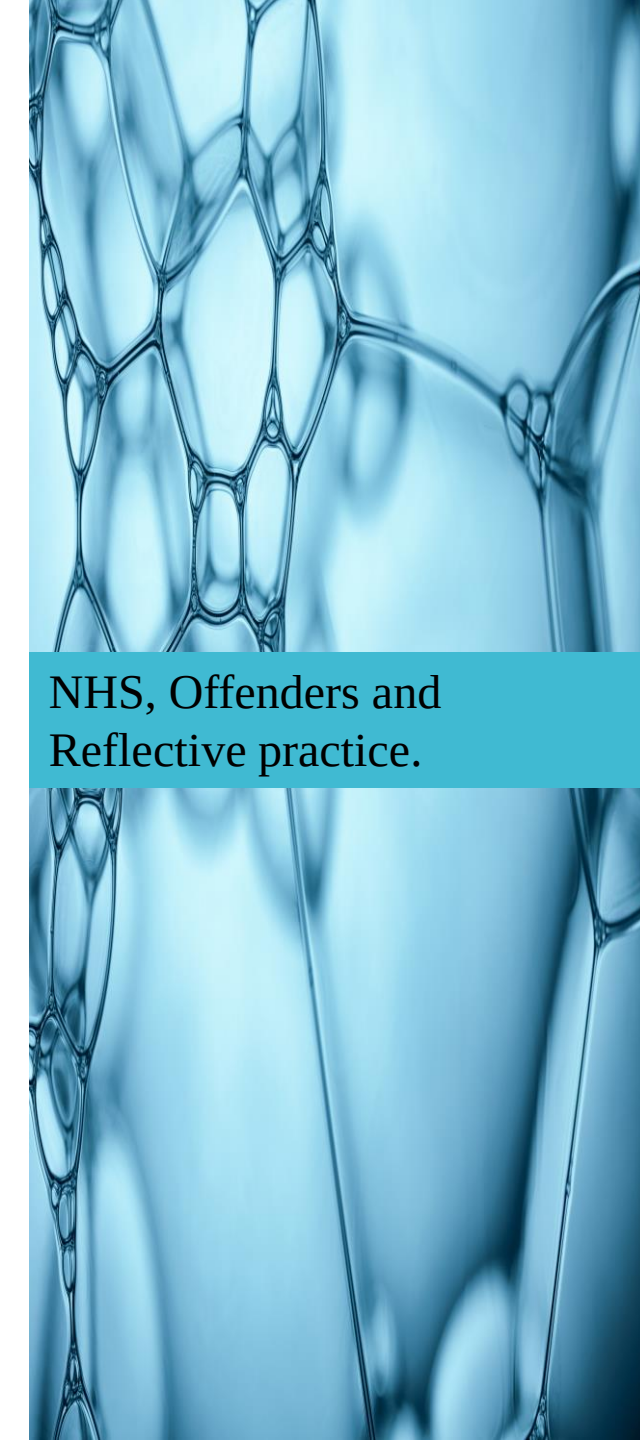
Key factors within it are:

‘Structured support needed to transition knowledge into everyday practice successfully.’

‘A lifelong journey of reflection and the ability to self-identify continuing professional development needs.’

‘Attracting and retaining skilled nurses and nursing associates is important for delivering better, safe, and effective care.’

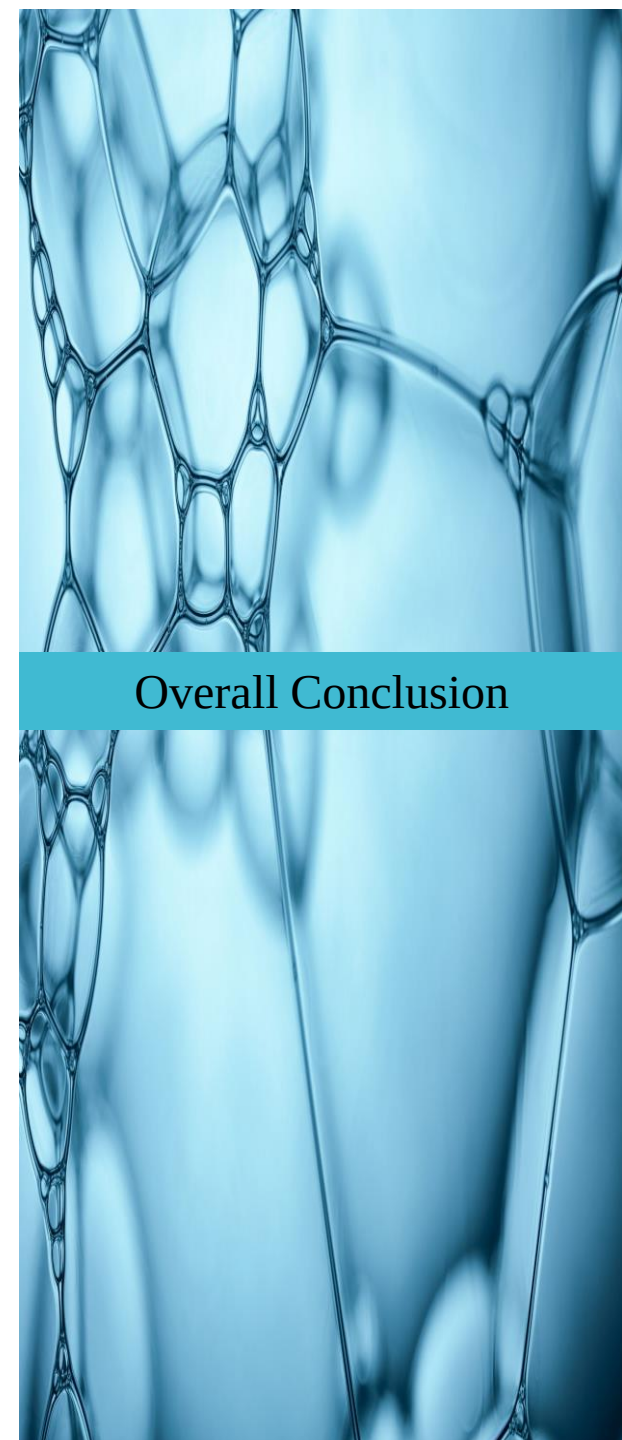
(NHS England, 2024, np.)

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NHS, Offenders and Reflective practice.

‘In April 2013 NHS England became responsible for commissioning all health services for people in prison in England. Healthcare in prison has a very important role in identifying significant health needs, maintaining health and detecting chronic conditions.’ (NICE, 2016, np)

‘Public Health Wales works to protect the health of those in touch with the criminal justice system, and in doing so protect the health of the wider community, contributing to reducing inequalities and reducing reoffending.’ (Public Health Wales, 2024, np.)

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Does reflection cover all
inequalities?

Overall Conclusion

Does reflection solve all the short
comings?

Any questions??

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