

POLICY TITLE

**FINANCIAL SUPPORT FOR PROFESSIONAL
DEVELOPMENT THROUGH EXTERNAL AGENCIES**

AUTHORIZATION

Vice President, People and Organization
Development

DATE APPROVED

November 2010

DATE REVIEWED

October 2012
* No changes were made

PURPOSE

This policy establishes the principles and protocols regarding the circumstances under which Fraser Health will provide financial support from the operating budget to employees for attending professional development events through external agencies.

SCOPE

This policy applies to all Fraser Health employees.

POLICY

- External professional development opportunities will not be funded by Fraser Health if the professional development opportunity is available within Fraser Health and is equivalent in quality.
- Attendance at a professional development event outside of Fraser Health (provincially, nationally or internationally) requires prior approval from the employee's immediate supervisor and is dependent on work scheduling and available funding within Fraser Health's overall operating budget as determined by the Executive Team each fiscal year, foundation grants, special vendor funds, grants from external funding sources and an employee's own personal funds.
- When attendance at a professional development event is requested outside of Fraser Health, employees are required to select a destination that is the most economical. For example, if a wound care conference is offered in Seattle, Washington and Toronto, Ontario, it would be more economical to travel to Seattle rather than Toronto. If the course is available in British Columbia approval or funding will not be given for travel outside of the province.
- Employees who are presenting a paper at a professional development event outside of Fraser Health (provincially, nationally and internationally) will require approval from their immediate supervisor prior to accepting the invitation or submitting an abstract. Approval of financial support for this purpose will be dependent upon available funding and work scheduling. Travel expenses will be reimbursed in accordance with Fraser Health's Travel and Business Expenses Policy. The employee will be expected to share the presentation and learning outcomes with their colleagues upon their return.
- Employees who are required by Fraser Health to attend a professional development event outside of Fraser Health (provincially, nationally and internationally) must receive prior approval from their immediate supervisor and will be reimbursed in accordance with Fraser Health's Travel and Business Expenses Policy.

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PRINCIPLES/VALUES

Fraser Health

- Encourages personal and professional development to contribute to great workplaces and to strengthen the practice of health care providers/service personnel.
- Recognizes that professional development opportunities are critical to continued service delivery and to the success of the organization as a whole.
- Demonstrates transparency in all processes related to decisions made about the funding and approval of professional development opportunities.
- Supports quality professional development opportunities offered within Fraser Health rather than those which are offered by external agencies.
- Processes for approval of employee attendance at professional development events should be consistent.

PROCEDURES

1. Attendance at any professional development event outside of Fraser Health requires completion of the Professional Development Application Form (Appendix 2) along with supporting event documentation and the employee's immediate supervisor's signature.
2. Out of province travel requires prior authorization by a member of Senior Management on the "Out of Province Travel Request Form" (Appendix 3). In the case of an Executive Director, approval must be received from a Vice President. In the case of a Vice President, approval must be received from the President and Chief Executive Officer and in the case of the President and Chief Executive Officer, approval must be received from the Chair of the Board of Directors.

REFERENCES

Fraser Health's Travel and Business Expenses Policy.

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Appendix 1
Definitions

Clinical Experience / Practicum	Employee contributed time spent in a practice setting to achieve set learning objectives.
In-Service	Education that is employer driven and support at the point of care or in a specific department. These may be discipline driven or broader in nature. For example, IV-pump education or product demonstration.
Mandatory Education / Training	Education required by the employer and/or licensure. Examples include WHIMIs, Fit-test and management of aggressive behaviour.
Personal and Professional Development or Continuing Education	Education that is directly or indirectly related to an employee continuing or enhancing their professional/clinical competence. Examples include degree granting programs, conferences, courses and workshops that are related to a specific profession or discipline.
Specialty Education or Advanced Competency Education	Formal education programs that are directly related to an employee's professional/clinical competence above entry-level requirements (e.g., critical care course and cardiac ultrasound). Specialty education or advanced competency education does not necessarily equate to formal certification but rather to the achievement of the competencies required within an advanced practice area. This type of education is typically offered by external accredited post secondary educational institutions.
Training	Education that provides an employee with the additional knowledge, attitudes and skills needed to do their respective job. Examples include computer application programs, health and safety, Meditech, payroll, finance and program specific preparation.

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CDST#: FHR-CP-9

AUTHORIZATION

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Appendix 2
Professional Development Application Form

APPLICANT INFORMATION									
Employee Number		Status	FT <input type="checkbox"/>	PT <input type="checkbox"/>					
Last Name		First Name		Date					
Daytime Phone Number			Fraser Health E-mail Address <i>*All correspondence will only use Fraser Health's e-mail address</i>						
Home Address				City	Postal Code				
Profession				Current Position					
Site			Program/Non-clinical service						
Supervisor's Name									
<p>Have all other funding opportunities been explored? For example: Department or program funds; Special purpose/vendor funds; Agency, Union, Foundation or Grant funds; Bursary/Scholarship funds... Please note your application may be denied if other funding is available.</p>									
<p>If you have received partial funding for this application, please explain. Include date, funding source and total \$ received:</p>									
PROFESSIONAL DEVELOPMENT EVENT INFORMATION									
Please fill out all required fields below, briefly describe the activity and include course attachments (e.g., brochures, literature and information)									
<input type="checkbox"/>	Conference or workshop or course			<input type="checkbox"/>	Online or e-learning opportunity				
<input type="checkbox"/>	Certification or Advanced Competency			<input type="checkbox"/>	I am presenting at the educational event				
Name and Location of Activity					Date of Activity				
Date of early enrolment or registration if applicable									
PROFESSIONAL DEVELOPMENT IMPACT (CHECK ANY OR ALL THAT APPLY AND BRIEFLY DESCRIBE)									
<input type="checkbox"/>	Supports FH strategic imperatives								
<input type="checkbox"/>	Supports professional, department, service goals								
<input type="checkbox"/>	Required or legislated change in practice								
<input type="checkbox"/>	Impacts clinical work directly								

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<input type="checkbox"/>	Poses a safety risk if not funded	
<input type="checkbox"/>	Poses a practice/quality risk if not funded	
<input type="checkbox"/>	Affects patient/client/resident outcomes	
<input type="checkbox"/>	Not available inside Fraser Health	
<input type="checkbox"/>	Addresses a frequent practice need	
<input type="checkbox"/>	Supports a certification or advanced competency qualification requirement	
<input type="checkbox"/>	Addresses a human resource shortage (e.g. # of certified practitioners in x)	
<input type="checkbox"/>	Supports a performance or learning plan objective	
<input type="checkbox"/>	Required for credits in continuing education or professional development for licensure renewal	

Describe how you and/or your patients/residents/clients will benefit from attending this professional development event:

Describe how this program relates to your work in FH:

Describe how will you share the information with your colleagues?

Outline any professional development funding you have received in the past 2 years:

EXPECTED EXPENSES

Travel (specify)		Accommodation	
Meals		Tuition	
Registration		Examination Fees	

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Total \$ Amount Requested	
SIGNATURE	
Applicant Signature	Date
Manager Signature (required)	Date
HOW TO SUBMIT	
<p>Please submit the completed application to your immediate supervisor for approval. Travel outside of British Columbia requires submission of the Out of Province Travel Request Form to your immediate supervisor for Executive Director/Vice President/President approval Please note that incomplete applications cannot be processed.</p>	

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Appendix 3
Out of Province Travel Request Form



OUT OF PROVINCE TRAVEL REQUEST FORM

1. Employee Name (Last, First): _____ 2. Employee Payroll No: _____
 3. Function Centre No.: _____ 4. Date (D/M/Y): _____
 5. Destination: _____
 6. Date(s) of Trip: _____ through _____
 7. No. of Days Away: _____
 8. Method of Travel: _____
 9. Purpose of Trip: _____

EMPLOYEE
(Please Print)
Name
Position
Telephone
Signature

APPROVED BY
(Please Print)
Name
Position
Telephone
Authorized Signature
(Executive Director/Vice President/President)

Please provide all information above and obtain signature of Senior Management prior to travel. Completed form is not to be included with Employee Expense Report.

Completed form is to be sent to:
 General Accounting
 Accounting Services
 Royal Columbian Hospital
 330 E. Columbia Street
 New Westminster BC V3L 3W7