

**www.hse.ie/changeguide**



**CPD Certificate**

**Delivering Change in Health Services**

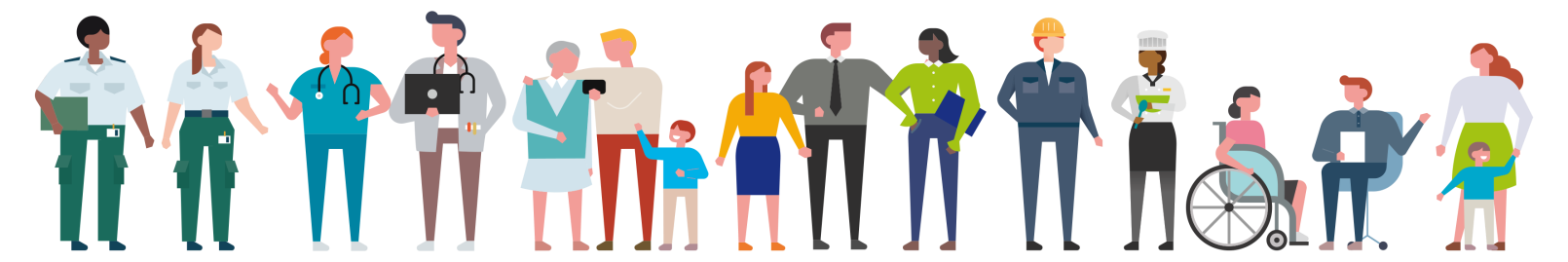
**Awarded by**

**RCSI Graduate School of Healthcare Management (formerly RCSI Institute of Leadership)**

**in collaboration with**

**HSE Organisation Development & Change**





**the Learning Review Template**

**Learning Review Template**

***\*Submission document***

|  |  |
| --- | --- |
|  | Brief Description of the Service Improvement / Change Challenge Key information that helps the reader understand your work context (type of service, client group, scale of the change). |
|  | |
| 2. | People and Culture Change Platform (Section 1 of the Change Guide, pages 8-36)How did you go about creating the conditions for change and assessing readiness within your team? (See Template 6.2.8: People and Culture Change Platform - Readiness Factors on [https://www.hse.ie/changeguide](https://www.hse.ie/eng/staff/resources/changeguide/resources/))  * How did you engage with your line manager and team to gain their support for your change initiative? * What was your new or enhanced learning? |
|  | |

|  |  |
| --- | --- |
| 3. | People’s Needs Defining Change (Section 2 of the Change Guide, pages 37-49)  * How did you involve key stakeholders? * What aspects of the Change Guide assisted you to consider engagement with service users, team members and other services? * What was your new or enhanced learning? |
|  | |
| 4. | Define (Section 3 of the Change Guide, pages 50-70)  * Were you clear on what needed to change and the outcome you wanted to achieve? * What helped you to bring clarity to the overall direction for the change? * Describe what plans you put in place to measure the change (see pages 65 to 67). |
|  | |
| 5. | Design (Section 4 of the Change Guide, pages 71-85)  * How did you involve people to help you ‘design’ the change? * How did you ensure ‘people’s needs’ were at the centre of your design? |
|  | |
| 6. | Deliver (Section 5 of the Change Guide, pages 86-99)  * What was the outcome of the change? How did you measure your outcomes? * How was the new or enhanced learning incorporated into practice for the benefit of service users and/or staff? * How did you share your learning with colleagues? Did you seek feedback from your line manager, team or service users? |
|  |  |
| 7. | Additional data or feedback you wish to share |
|  | |

**Verification Form**

***\*Submission document***

**Name of person submitting Learning Review Template:**

**Work title:**

**Service:**

**Location (CHO/HG/NAS/HBS/Corporate):**

**Confirmation of hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of activity** | | **Number of hours** | | **Verified** |
| Completion of four modules of Change Guide eLearning Programme on HSeLand | |  | | Certificate of Completion from HSeLanD required *(scanned copy can be inserted into this document)* |
| Use of Change Guide Templates, Resources | |  | |  |
| Engagement with service users/patients/families, team colleagues etc. | |  | |  |
| Line manager and team discussions or presentation/s | |  | |  |
| Identification of outcomes and completion of Learning Review | |  | |  |
| Other – if relevant | |  | |  |
|  | | **Total** | |  |
| **Date:** | **Signed by: (***Person applying for CPD points)*  **Name:** (typed)  **Professional Registration Number:** (if applicable)  **Email address:** | | **Name of Line Manager:** (typed)  **Signed by Line Manager\*:**  **Email address:** | |

**\*Line Manager**

* It is the responsibility of the Line Manager to confirm that the individual applied the learning from the Change Guide eLearning Programme to their change challenge and that the hours outlined can be accounted for.
* Please also include a work related authentication office / date stamp and/or submit the Learning Review on recognised headed paper from you work location.

**Completed Learning Review and Verification Form can be e-mailed to** [**changeguide@hse.ie**](mailto:changeguide@hse.ie)

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***For office use:***

* **Date Received by Organisation Development & Change: Ref Number:**
* **Confirmation email issued to Applicant and Line Manager:**
* **Date Submitted to RCSI:**
* **Date CPD certificate issued by RCSI:**

**Please note CPD Certificates will be issued in February, May and October yearly**

**Checklist**

**Congratulations** on getting this far and applying the learning to your service. One final step is to apply for the CPD Certificate.

**Remember** to check you have everything you need for submission to [changeguide@hse.ie](mailto:changeguide@hse.ie)

* **Completed Learning Review Template.**
* **Completed Verification Form signed and dated by the Applicant and Line Manager.**
* **Service/date stamp located on the Verification Form or submission made on recognised headed paper.**
* **Copy/scan of you Certificate of Completion from HSeLanD on the eLearning Programme Delivering Change in Health Services.** A **maximum of 9 months** will be allowed between when candidates complete the eLearning Programme and submit the Learning Review

**Submission Dates**

**1st February, 1st May or 1st October yearly**. Following verification your CPD Certificate will be issued directly to you.

**Further queries**

If you have any queries in relation to this please contact us at [changeguide@hse.ie](mailto:changeguide@hse.ie) or phone **046 9251466.**