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EDUCATION

Continuing professional development — a re-examination of the facts

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This article reviews research published over the last 15 years, exploring the various components of Continuing Professional Development (CPD) and considers why it is important and whose responsibility it is. The style that CPD should take to maximize participation and effectiveness and the expected benefits and practical problems associated with CPD are issues that are raised. A modified definition of CPD is put forward which not only allows for flexibility of input but also considers the impact on clinical practice.

Introduction

Continuing Professional Development is a term which is becoming widely used in radiography, as in other professions. The definition which has been adopted by the College of Radiographers and which has been taken from the engineering fraternity, states *'CPD is the systematic maintenance, improvement and broadening of knowledge and skills and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner's working life.'* [1]. Although this definition encompasses both education and learning, it does not attempt to link knowledge gained with clinical competence or expected outcome.

CPD is very different from continuing education (CE) as it reflects the need for a systematic lifelong learning experience rather than the intermittent learning episodes that tend to be found within CE. CPD also allows for spontaneous and experiential learning that occurs during work and implies that the individual will have to be active in the process, rather than having experiences planned for them as in the case of CE [2]

The importance of CPD to professional practice

The impetus which drove the introduction of CPD arose from three major sources, government, professional bodies and consumer groups [3]. These sources must have seen some benefit from the introduction of CPD, but who benefits and how?

In the past, a professional employed in the NHS had a sinecure and the learning required to undertake their work was completed prior to qualification. It is now recognised that qualification is only a starting point demonstrating a minimum level of competence within their field [4]. The half-life of this knowledge has been shown to vary between 2 and 5 years [5], and is therefore insufficient for supporting an individual throughout a lifetime of professional practice [6]. Moreover, the inadequacy of relying on the initial qualification is exacerbated when the numerous changes that will occur throughout a radiographer's working life are considered.

CPD therefore benefits the radiographer by offering the opportunity to retain basic knowledge, enhance existing knowledge and acquire new

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knowledge throughout their working life. This provides an important mechanism for coping with the changing role of the radiographer [7]. Where possible, enthusiasm for ongoing learning and the ability to cope with change should be built into the undergraduate course. In addition, lifelong learning skills and the ability to reflect on practice should be included and this would help individuals to determine their own learning needs. CPD would then be regarded as a natural part of the radiographer's role.

CPD generally involves proactive learning, in that it allows an individual or group of individuals to expand their knowledge in the direction they choose. This allows the possibility of selective role expansion, which encourages personal fulfilment and satisfaction [8]. This in turn will lead to increased motivation and career enhancement [9]. This method of learning is different from the more traditional reactive methods of postgraduate learning, in which there is a tendancy to react to change. Because traditional learning relies largely upon structured courses, such as the MSc degree and HDCR, the type of learning is inclined to be prescriptive. The flexibility of CPD should meet the needs of the individual, thus resulting in a work-force capable of coping with various situations with the ability, as a group, for expanding their professional role.

The new style of CPD promotes the standing of the professional body and also fulfils a responsibility to patients [10] to give competent care, to a set standard, by specialists who have maintained their skills and knowledge within the particular field [8]. However, the nature of CPD goes further in that it encourages not only the maintenance of standards but also the learning of new skills, new knowledge and personal development. Patients are no longer passive recipients of treatment, but are now viewed as consumers entitled to exercise autonomy and choice in their medical care and this encourages them to demand high standards. CPD could be thought of as an effort by healthcare providers to improve the quality of their service in a competitive market place. A profession whose membership has a greater knowledge base enables decision making to be more informed, leading to a better standard of care when existing practices are challenged and improved. This will result in enhanced public confidence in health-care provision.

Whose responsibility is CPD?

Professionals should be able to recognise good practice and ensure that their own work does not fall below this standard, by undertaking lifelong learning or CPD in order to retain and improve their competence [11]. However, the locus of responsibility for the various aspects of CPD needs to be considered carefully and everyone needs to have their roles identified. The registration body, professional body, employer, educator and individual all have roles to play in CPD and there should be communication between these groups to ensure that what is needed by individuals and provided by employers and educators is congruent with the requirements of the registration and professional bodies. There are likely to be conflicts between clinical, corporate and inter-professional needs [9] and a balance needs to be achieved between service requirements and the individual's clinical updating needs.

If individuals assume responsibility for their own professional development [12], learning can be tailored to suit their own needs. Methods of learning can be utilized which suit individual learning styles rather than having to utilize established courses, which was the only nationally recognised post-registration learning pattern in the past. The problem within nursing research was found to be that those nurses who were least prepared educationally were least likely to undertake CPD and vice versa [13] and this raises the issue of whether CPD should be voluntary or mandatory.

The College of Radiographers recommends 35ħ of CPD per annum which is to be self regulated and undertaken on a voluntary basis [1]. However, this became mandatory when the review of the CPSM Act was released in late 1997, early 1998 [1]. As well as formal study, experiential and informal learning will be included, though a mechanism for making this quantifiable within a 35ħ per annum time framework is not specified.

Many of the arguments in favour of voluntary CPD, as opposed to mandatory CPD, are based on the nature of adult learning and professionalism [12]. Adult learning has at its heart the basic principle of *voluntarism* [2] and it is argued that mandatory CPD could be seen as a violation of this principle and that forcing adults to undertake learning will not guarantee that learning takes place [14]. Mandatory CPD may even lead to negative attitudes towards CPD where even less is learnt. For learning to take place, adults should be

internally motivated and should have control over what and when they learn. Autonomous learners should be capable of setting their own learning goals [7].

CPD on a voluntary basis can also be problematic. Individuals are unlikely to perceive their own deficits [15] and it may be that the individuals most in need of CPD are the least likely to participate in it [13]. If CPD were to remain a voluntary recommendation without allocated funds there may be no impetus to change the current situation. The College of Radiographers claims that much CPD takes place with 'little or no cost to the employee' [1]. However, this is not convincing as there is 'unlikely to be any new money to support CPD' [1]. Without the enforcement of the CPSM Act it is not obvious where the drive for CPD for all radiographers would come from. A recommendation based on voluntary input with no financial backing cannot realistically exert pressure for change.

Mandatory CPD will not ensure that learning takes place in individuals who are not well motivated, but are participating merely to comply with regulations. It necessitates a focus on accessibility in terms of both geographic location and equal opportunities. In the past, a departmental budget allocated for CPD was utilized by staff who expressed interest in further study; with mandatory CPD some of these funds may be diverted to provide CPD for individuals who may not benefit from it. Without sufficient resources the more ambitious individuals may have fewer opportunities than they enjoyed previously.

Mandatory CPD is difficult to police particularly where informal, experiential learning is part of it. It could be viewed as paternalistic by a group of professionals who resent its imposition because of the underlying implication that continuous learning does not take place without it. Also, it does not allow one to take professional responsibility for maintaining competence, instead it leads to a situation where one undertakes CPD to meet legal requirements rather than to meet one's individual needs [16]. If a system could be introduced which addressed both of these aspects of CPD, it may alleviate the concern that there will always be those people who do as little as possible and will not undertake CPD after their initial qualification unless it is mandatory.

The way in which CPD is presented to radiographers also needs to be considered. For learning to be effective it has been suggested that a teaching session alone is insufficient, as too much learning in too little time results in minimal retention. Ideally, there must also be reinforcement, monitoring and a formal review to facilitate the internalizing of learning so that new behaviour can be integrated in the workplace [17]. Other factors which have been put forward as being supportive of the CPD process are flexibility, opportunities for self direction, feedback, respect from the teacher, low cost and sensitivity to the demands of learners' outside lives [18]. Deterrents which predict lack of participation in continuing education programmes have also been identified; these include disengagement, lack of quality, family constraints, cost, lack of benefits, and work constraints [19]. Other factors include lack of interest, lack of confidence and perceived lack of relevance [19]. For CPD to be successful providers must be sensitive to the factors which deter and those which support mature learners.

Discussion

An appropriate definition to take radiography forward might be:

Continuing Professional Development is the continuous and systematic maintenance, improvement and broadening of knowledge and skills along with the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner's working life which constantly works to improve the service provided.

The definition of CPD encompasses a range of learning opportunities and also considers the impact that this would have on clinical practice and the service provided to the patient.

A framework has been suggested for assessing variables which are related to successful CPD outcomes. These include individual innovativeness and a working environment which has a culture that values learning and is willing to implement change [20]. Evaluation of CPD can be attempted by competency-based assessment [21] by measuring outcomes [12], by subjective participant evaluation, evaluation by an expert, measuring the difference in performance by self, peer or employer appraisal [17]. Ultimately, however, it remains difficult to establish an objective measure of its impact [22]. Since there is sufficient evidence that CPD is worthwhile and can have a positive impact on clinical practice it should be encouraged and

facilitated by all stake-holders, and it is reasonable to define CPD in terms of expected outcomes.

Managers may have to consider reviewing their contract prices to cover CPD expenses for their staff, since this will enhance the quality of their service provision. Although employers will need to be convinced of the benefits of CPD before they are prepared to invest in it for their staff, they may find that they can only attract and keep well-qualified and motivated staff if they are able to offer support for CPD [23].

CPD providers will have to aim to meet a diversity of needs including managers' needs, individual needs and the overall needs of the profession. Educators will be challenged by these disparate demands and may have to become facilitators, rather than providers, supplying the skills and encouraging radiographers to be confident in their ability to take responsibility for their own learning and goal setting. Involving individuals in the planning of their own learning ensures that it is relevant [2] and also helps to reinforce the notion that CPD covers a wider range of learning experiences than just attending courses.

If time and money is to be invested in CPD it must be shown to justify the input. Definitive proof of the benefits of CPD is difficult. Improvements in clinical practice may not be attributable to CPD in a simple cause and effect relationship. Moreover, its benefits cannot easily be quantified in terms which can be weighed against the investment required. Although the effectiveness of CPD is equivocal [16], a meta-analysis in the nursing profession found that CPD did positively affect practice [24] and it has been shown to result in positive changes in behaviour or in thinking and in the ability to evaluate practice [22].

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