

The continuing professional development education essay

[Education](#)



**ASSIGN
BUSTER**

In the majority of professional fields it is obligatory to engage in CPD, which is commonly defined as learning or study that aims to ensure that the professional is fit to practice and encompasses learning or maintaining new knowledge, skills or abilities which are continuously assessed. CPD can be delivered in a range of formats that may be either formal or informal and may or may not lead to the awarding of learning credits. It is important to note that with CPD there is a frequent decision to take a self-directed approach to learning (Shannon, 2000). Within the field of medical and biomedical science, CPD is referred to as post compulsory training education. It is comprised of activities that help the medical or biomedical professional to maintain their working level of competence and may assess things such as their ability to solve problems, improve knowledge or enhance their technical training. In a biomedical environment this may be delivered via workshops, lectures, online learning environments, conferences, personal reading and online exams (Fox, 2000). As an example of "revalidation" in Canada it is a requirement of all medical professionals to engage in a recognised programme of revalidation. This is a programme of CPD that they must adhere to so that they can maintain their qualified practitioner status as medical professional. The revalidation and CPD programme is compulsory and forms part of a framework for learning and education that is said to be formative, inclusive, transferable and relevant to the level of professional workload of the medical professional (Fox, 2000). The term motivation comes from psychology and is used to describe organismal arousal in respect to achieving a particular target or goal. It does so by driving and then sustaining specific behaviours that are driven towards achieving a goal

(Karolchuck and Worell, 1956). Some believe motivation to be a powerful force for moving people forward or a mental push that makes persons move in the right direction towards a goal (Groenendijk et al., 2013). On a simplistic level you can observe hunger as a motivator to consume food or eat. In science there is evidence that motivation can be studied in a range of fields including socially, physiologically, psychologically and from a behavioural point of view (Groenendijk et al., 2013). At a base level it may be important to observe motivation as an impulse to maintain or enhance life, to reduce any negative problems such as pain and to enhance feelings of pleasure. This can therefore also be linked with the requirements for sustaining basic life such as the requirement for rest, consumption of nutrients, sexual intercourse or sleep (Nagelsmith et al., 2012). Acting or behaving in a particular way is driven by motivation. Motivation therefore can be thought of as the psychological reason for or need to complete a particular action. Within the field of education motivation is studied quite heavily because of the key link it has with that of learning. There is however a difference in the type of motivation studied in an educational setting compared with that of other areas of psychology (Nagelsmith et al., 2012).

Literature Review: The role motivation plays in an educational setting has been shown to have a significant and varied effect on how the student learns and engages with their particular topic of education. For example it has been shown to enhance the student's level of energy or direction, focus students towards a specific target, increase a students level of performance, increase the cognitive function and produce a continued persistence in a wide range of tasks and activities (Stegers-Jager et al., 2012). Where a student does not

possess any level of internal motivation (the desire to complete something of ones of accord) then they may need to be motivated by an external factor. This can be achieved through the use of teachers and is referred to as situated motivation (Stegers-Jager et al., 2012). The utilisation by teachers of rewards for good behaviour of students in classroom environments often leads to students only performing well when there is an expectation of a reward. It is therefore commonly avoided as a form of motivation as it is very difficult to engage the students once they have become reliant upon this form of external motivation (Stegers-Jager et al., 2012). The process of continuing professional development or CPD is widely regarded as the process of learning that continues during professional employment and is often achieved through professional practice, courses of education and work experience. There is a difference between CPD and that of continuing education or CE which takes more of a focus on the commonly followed programme of educations activities such as online distance learning course, tutorials, workshops and classroom based lectures (Donyai et al., 2011). Of particular importance for CPD in biomedical science is the concept that a biomedical scientist should be fully responsible for engaging in professional and personal learning as well as personal career development and personal actions. CPD is based around the concept of experiential learning, an idea that has been reduced by Kolb into a reflective cycle focussing on planning, reflection, action and then evaluation (Donyai et al., 2011). It is highly important that all types of CPD are recorded and documented by the individual engaged in CPD. An appropriate tool for this is that of the personal portfolio (Kostrzewski et al., 2009a). Pharmacists are one group of

biomedical scientists undergoing CPD and a review and feedback analysis in 1996 of all pharmacists qualified in Great Britain made it clear that CPD should be improved and made compulsory if the individual was registered with the Royal Pharmaceutical Society of Great Britain (RPSGB). For the RPSGB members the CPD scheme was reviewed in 1999 and then provided for full use along with a detailed CPD personal portfolio for enhancing professional practice in 2002 (Kostrzewski et al., 2009a). Because of this there were changes made to the requirements for CE and CPD as previously set out in the pharmacy code of ethics. The requirements were that a minimum of 30 hours of CE must be undertaken along with nine different CPD sessions which are to be recorded in a CPD personal portfolio. This came into place in 2005 and is the current model of CPD professional practice for all pharmacists in Great Britain each year (Kostrzewski et al., 2009a). There has also been a change on a global front with a change in CPD away from that of CE and more towards that of CPD. One of the big biomedical science federations, The International Pharmaceutical Federation, has taken on a model of CPD because they believe it should be an important responsibility to ensure that pharmacists enhance their knowledge and skills through training so that they can maintain practicing as a professional during their careers (Winslade et al., 2007). Interestingly, this change in a move towards CPD from that of CE comes from the evidence that CE does not appear to make any changes in that of the practitioners actions or behaviours. One particularly important use for CPD in working practice is to measure how professionally competent biomedical scientists are during employment (Winslade et al., 2007). One methodology employed to make sure health

professionals (including biomedical scientists) continue to practice in a professional manner is that of revalidation. Revalidation must be completed every year and a certain amount of CPD must have been completed in order to pass and be deemed "fit-to-practise" (Kostrzewski et al., 2009b). One model of revalidation is that followed by the RPSGB who decided that there should be a set of defining guidelines or principles that provide an overview of what they believe pharmacists should be engaged in with relation to CPD and professional practice. One of the key points made within these guidelines are that CPD should be made linear throughout the country as well as having a focus on evidence based practice and cost effectiveness (Kostrzewski et al., 2009b). Interestingly a model of CPD from New Zealand that has focussed on the process of "revalidation" has suggested that further research needs to be conducted before a conclusion can be made about how effective CPD for biomedical scientists could be in Great Britain. This research is predominantly in respect to that of revalidation and its efficacy (Rouse, 2004a). Further research has been undertaken in the UK by the Department of Health to study the role revalidation plays in enhancing professional practice. Initial reports from the study has suggested that, the use of CPD in Great Britain, in the field biomedical science is not fully engaged with even though it is a requirement for professionals to do so (Pitt et al., 2004). Additional research has been conducted to assess the level at which professionals adhere to CPD and how much they have undertaken over the past ten years. The hope was to ascertain any barriers the biomedical scientist might have that would inhibit them from achieving revalidation through CPD in future years (Pitt et al., 2004). One of the

important goals of the study in question was to identify the beliefs and levels of participation that biomedical scientists had with CPD over a period of ten years (Pitt et al., 2004). This was a particularly important period of time to review as this saw a movement from the traditional methods of CE to that of the now more commonly practiced CPD. Specifically, three questions were included within the study that focussed on the following remits: What are the varying levels of personal views on CPD expressed by those working in biomedical science? How much CPD has been undertaken by practitioners? How and in what way are barriers to engagement with CPD affecting the relationship between CPD and revalidation (Pitt et al., 2004)? When reviewing how availability to engage with CPD or a lack there of, it is evident that not having enough time is a commonly cited reason over the ten year period reviewed. The most commonly reported reason from this sub set of barriers is the lack of time provided within working hours to engage with documentation and reporting of CPD (Angove, 2002). Interestingly, this barrier became even more of a problem for those practitioners who wanted to achieve an appropriate work/life balance and not have to engage with CPD during their personal time because of high workloads and increased working hours. Furthermore, a review of biomedical technicians, reports similar findings with respect to time as a barrier. For all of the participants reviewed it appears that the significant majority of them worked on CPD during their personal hours as opposed to time made available at work (Angove, 2002). From a financial direction it was observed that support from employers was lacking in particular in relation to the lack of willingness to pay for cover staff so that CPD training could be attended. This was observed in both part time

staff and professionals brought in to cover full time posts who were not on a full time contract. Contrastingly, a very small number of participants reviewed noted that CPD should take place throughout a practitioner's private time and not during working hours (Moher et al., 2009). In contrast with the aforementioned reports a small number of professionals identified that CPD was fully compensated for by their employer. Additionally, a significant number of professionals noted that CPD was paid for by the employer fully. Within the field of pharmacy it was recorded that where CPD was fully paid for by the employer they were also more relaxed about the monetary value of CPD and the specific content delivered (Moher et al., 2009). The reporting highlighted difficulties in the understanding of what was actually meant by CE and/or CPD. In addition to this confusion regarding what is involved in CPD and in how to record CPD data both in terms of amount completed and what should be included were also highlighted as barriers (Pitt et al., 2004). Furthermore, a lack of understanding appeared to exist over the ten years reviewed as to the different levels that existed within a CPD framework which was further exacerbated by a lack of CPD resource for enhancing learning needs, to record critical reflections and personal evaluation (Pitt et al., 2004). There were reports from one review that documented participants had an improved understanding of CPD and its role when they were given specific time aside from their work to complete it. Evidence produced during the ten years review period also identified that participants did not have an issue with working out what their learning requirements were and then progressing to application of learnt techniques to their field of practice (Donyai et al., 2011). In fact participants noted that

they valued the role CPD played. Furthermore, an additional study highlighted the key benefit of engaging with CPD as that of one with which biomedical scientists demonstrated an elevated delivery of reflection when compared with that of CE (Donyai et al., 2011). Conversely, reports from 2007-2008 have observed that the recording of CPD data such as choosing appropriate CPD courses, how and what to record in personal profiles and what an employer regards as appropriate CPD still leads to confusion amongst scientists (Donyai et al., 2011). Evidence from a study of biomedical scientists working in Scotland have observed that those working in the private sector were more confident in the system of CPD when compared with those of smaller practices (Melnick, 2004). Those working in a multidisciplinary environment may possibly have found they gained more motivation from learning for a wide range of experience colleagues. One method to get around this is to make sure that newly qualified biomedical scientists go on rotation in an environment where they have access to a wide range of rotations so as to experience and develop confidence throughout their CPD programme (Melnick, 2004). Again professionals working in a smaller work environment have been shown to be less motivated than other professionals working in areas such as large biomedical science facilities. In relation to how confident a professional is in the process of CPD it is referring to all stages within the cycle of CPD. In order for the biomedical scientist to stay fit to practice they need a knowledge of both their areas of high function and the ability to reflect on the CPD and learning (Tang, 2004). Self reflection is highly important in the field of CPD and it should be encouraged to the point of regularity. Reflection works by taking an understating on how to act

on the reflection made on one's professional practice, this should occur both retrospectively and also as the action takes place (Rouse, 2004b). This idea has been reviewed in a number of different studies and although some of the findings are consistent there appears to be a lack of clarity regarding the relationship with biomedical scientists (Rouse, 2004b). Of great importance are the factors related to the biomedical scientist's motivation to take part in CPD which has also been reviewed previously as having an important link with learning. Motivation has been observed not just in biomedical science but across a wide range of medical and health care professions (Pitt et al., 2004). There were no observable differences noted between female or male participants with respect to their levels of motivation. In agreement with other studies it was noted that young biomedical scientists had a much greater motivation to engage with CPD than that of much more senior colleagues (Pitt et al., 2004). The conclusions made in this study should be reviewed with care because of the minimal response rate. It also should be noted that the use of PCA did make clear 4 different attitudes towards CPD in biomedical scientists (Tennant and Field, 2004). This might be useful in the future for comparing different professions' views on engagement with CPD. Through the identification of high levels of motivation in practitioners it might be possible to find answers to areas of other sectors where motivation to engage with CPD is low (Tennant and Field, 2004). Furthermore, barriers to engagement with CPD such as a lack of resources like information systems and technology and the availability and type of a course can also be a problem. Where biomedical scientists had easy access to CPD resources their opinions increased on its effectiveness and their willingness to engage

with it (Simpson and Freeman, 2004). The evidence presented herein has shown that there is a lack of consistency in how practitioners engage with CPD and this will not develop any further until there is a change in direction of a more universal approach to CPD. Because of this it is likely that CPD will continue to be a process and not a detailed learning model for the majority of practitioners engaging with it (Simpson and Freeman, 2004). At a time when CPD was first being introduced it was highlighted by biomedical scientists that CPD should be consistent and is required for enhancing training and facilitation of CPD delivery itself (White, 2004). In one particular study it was noted that participants felt that understanding CPD from an initial stand point was much improved when a facilitator was utilised. Furthermore, this improvement was further enhanced by the facilitator providing toolkits and documentation for use as a resource in the future (White, 2004). Of noted importance in one study was that of the role played by a department head or manager. Engagement with CPD was improved when the department head was seen to be introducing and agreeing with the concept of CPD. Reliance upon peers was also noted as a motivational strategy for gaining guidance with CPD in a similar study (Campbell, 2004). Evidence from studies undertaken in Scotland in the period 2005-2006 have highlighted the fact the biomedical technicians did not gain any form of training on CPD in a formal setting during their initial training programmes (Power et al., 2011). In the area of motivation to undertake CPD, a common theme across participants was that there was a significant lack of motivation to undertake it. There have been reports of mixed views on why motivation levels are so low (Power et al., 2011). Some biomedical scientists state that

it was a "waste of their time", whereas other groups felt that in order to engage they needed to be motivated by their employers, such an external motivating factor was quoted by many. Additionally, it was commented that once the professional has reached a particular level in their career there was no need or relevance for CPD (Power et al., 2011). In a more constructive direction it was observed that there are paybacks from engaging with CPD constructs such as the ability to record any performance during employment which can later be used for securing employment elsewhere, for demonstrating evidence for an increase in remuneration and also that of a general sense of well-being when working in communities (Furze and Pearcey, 1999). Furthermore, benefits such as an enhanced outcome for both work and that of patients, an increase in subject knowledge and understanding and bettering the biomedical profession from a point of view of status were all quoted (Furze and Pearcey, 1999). From the start of the ten year review period the role and attitudes towards CPD as being mandatory were reviewed. It was observed that where CPD was not made mandatory biomedical scientists should still be undertaking CPD in particular when study formed an important part of the professional development. The undertaking of compulsory CPD has been cited as being key to the progression of both the individual and the profession more so than that of business targets or individual career promotion (Furze and Pearcey, 1999). In one review it was identified that professionals were clearly perturbed with the idea of having to undertake compulsory CPD and also of that of unqualified individuals reviewing their CPD records and showed a preference for mentor assessment and peer review (Donyai et al., 2011). Interestingly,

only a handful of medical scientists felt that CPD should be reviewed by an independent external consultant and less than 50% disagreed that keeping a high level of professional competency could be achieved without the engagement with any form of CPD (Donyai et al., 2011). Additionally, one review noted that 10% of responses requested CPD should be undertaken by those professionals not currently practicing. The restrictions imposed within a particular employment situation are also an area highlighted as a barrier to CPD. In a review conducted in pharmacists it was noted that they felt that having an option to choose their CPD in relation to their interests would be a more suitable method for CPD engagement (Donyai et al., 2011). As time moved forward additional restrictions were identified including lack of functionality with only learning environments and a change back to hand written documents with some evidence pointing to falsification of documents where documents written by were not checked properly (Pitt et al., 2004). Feedback with a practical use was received from some professionals commenting that the online learning environment for recording the CPD sessions was not easy to navigate and was fanciful in nature. Additionally it was observed that the online learning environment was more set up to deal with the assessment of CPD and not with that of learning (Pitt et al., 2004).

Conversely, a report from 2007 noted that the online learning environment was easy to use in particular for those undertaking CPD. Furthermore, an overall review of all studies in the ten year period highlighted a general displeasure towards the use of an online learning environment with over 50% of professionals stating that a more readily available model for CPD record keeping would be more effective (Pitt et al., 2004).

Evidently a thorough review of studies has been conducted highlighting the relationship biomedical scientists have with CPD over ten year period. There appears to be a move in the direction of professionals to note that external factors are the predominant cause of barrier to engagement with CPD. A number of different causative factors can be included in these results including personal responsibility, employer related engagement and professional conduct (Romero-Nieva Lozano, 2005). For CPD to play a key role in the enhancement of biomedical science practice there should be a number of significant changes to the current model that are in line with recommendations based on evidence. An approach in line with this new model should enhance the way in which professionals interact with CPD programmes and enhance the process of revalidation (Romero-Nieva Lozano, 2005).

There has been a significant change in the way in which biomedical science and health care has been approached in the past ten years because of new ideas about how to envisage it. One of the key advances has been the significant change or growth in knowledge and how it is applied in the field of biomedical science (Bennett et al., 2000). Additionally, it is expected that practitioners have an ability to communicate effectively with team members

<https://assignbuster.com/the-continuing-professional-development-education-essay/>

and an improved understanding of their position in terms of preventing disease (Bennett et al., 2000). Interestingly, it is also important for the biomedical scientist to have an understanding of evidence based practice, financial accounts and their personal responsibility for their areas of work. Finally, it is important that they understand their role in relation to the use of CPD for evidencing their ability and competence to practice as well as being recognised by professional bodies and other engagements (Bennett et al., 2000). To provide support to practitioners in this field evidence has been collected that enhances CPD and the learning experience by understanding how practitioners learn. These ideas and methods come from a wide range of literature across a number of different fields (Pfaffli et al., 2012). These new methods and ways of thinking will help to understand what is important about the way in which biomedical scientists learn and their motivation for engaging with CPD (Pfaffli et al., 2012). Literature on adult learning gives an overview that incorporates information about both how learning is most successfully achieved in adults as well when and how an adult learns (Curran et al., 2010). Field work has been used to collate information on the motivation of biomedical scientists to undergo learning as well as that of how they maintain an appropriate level of competence, cycles of professional practice and development and recognising responsibilities of the learner (Curran et al., 2010). Additionally, reports have been generated on the most effective way to both deliver and evaluate learning, how information is processed and utilised and how to most effectively measure any outcomes (Curran et al., 2010).

-

<https://assignbuster.com/the-continuing-professional-development-education-essay/>