Continuing Professional Development within Physiotherapy- a Special Perspective

Devdeep Ahuja.*

ABSTRACT

The demand for quality, accountability and efficacy of practice has highlighted the need for professionals to demonstrate that they are keeping abreast of new knowledge, techniques and developments related to their professions. The article defines the basics of what constitutes Continuing Professional Development (CPD), explores the relationship between CPD and competence, draws on various studies on the effectiveness of CPD on physiotherapist learning and patient outcomes. The paper also identifies the factors that encourage participation in or act as barriers to CPD. Implications for future research are also discussed.

Key words: professionalism, continuing professional development, professional need.

Authors’ information:

* Corresponding author. Rehabilitation Response Lead at Broadspire Rehabilitation Ltd. Milton Keynes, United Kingdom. E-mail for correspondence: devdeepahuja@gmail.com

Though the regulatory bodies around the world have developed individual regulations and policies governing CPD and its implications for future research are also discussed.
Professional discussion

requirements from the members, the recurring theme is the acceptance of both formal and informal learning processes as a part of the CPD. While the formal learning includes working towards a post graduate certification and attending courses, it also encompasses informal learning opportunities like peer review, journal clubs, in service training, critical reading, clinical supervision, teaching and research as a part of the CPD learning process.

In a survey of musculoskeletal physiotherapists in United Kingdom, Stevenson et al. found that 'courses' and 'in-service training' were the most common tools for informing the clinical practice. A similar survey of Irish physiotherapists also included 'clinical supervision' as one of the most important factors in professional development.

Approaches to CPD

While various national regulatory bodies having adopted a mandatory CPD requirement, which means that the members have to fulfill a minimum requirement of CPD and maintain portfolios to renew memberships, there has been a continuous debate as to whether CPD should be voluntary or mandatory. Mandatory minimum requirement of CPD enables professional bodies to demonstrate competence of its members and has been preferred over re-examination, but the proponents of voluntary CPD postulate that it is in conflict with self-learning and self-motivation. Clyne has postulated a third model which is the obligatory CPD, wherein a professional is strongly encouraged to participate in CPD and it affects the career progression, but no explicit sanctions are imposed for non-compliance. Another model of CPD performance is the reflective practice which incorporates an element of style within it, outlining the necessity to conduct and record the CPD reflectively; it can be used in combination with either of the above three models.

CPD and competence

Professional competence has been defined in a variety of ways including the ability to perform the task to a prescribed standard, acknowledging the need for underpinning knowledge and research, and appropriate updating in line with developments in professional practice and thinking, research, educational changes, technological advances, changing priorities in patient care, contextual change and legislative change. While CPD can be seen as relating to individuals' interests and plans for their personal development and career progression, however, it is not a guarantor of competence; individuals might demonstrate a strong commitment to their professional development in terms of the volume of activity they undertake but fail to address fundamental shortfalls in their competence through so doing.

This leads to a fundamental question as to whether patient safety and access to effective care be assured and the needs and interests of individual professionals and a profession be served? Gosling has postulated that this would be possible if the approach taken to CPD revolves around an outcomes-based approach that focuses on learning achievements and benefits for patients, rather than learning inputs or process, and that encourages individuals to relate their CPD to identified learning needs and to evaluate their learning in terms of its impact on patient care (whether directly or indirectly).

Evidence for effect of CPD within Physiotherapy

Recently, there have been a number of studies which have looked into the effect of CPD on practice in physiotherapy. Gunn and Goding in their qualitative phenomenological study to gain an insight into individual physiotherapists' experiences of CPD concluded that undertaking CPD improves confidence as well as competence, enabling individuals to form effective therapeutic relationships with patients and other members of their teams. In a cross sectional mail survey, Li et al. found that participation in arthritis related CPD courses led to significantly increased the expected number of roles assumed by physical therapists in management of arthritis patients. In a randomized controlled trial on 19 physiotherapists, Cleland et al. demonstrated that ongoing education for the management of neck pain was beneficial in reducing disability for patients with neck pain while reducing the number of physical therapy visits. There
Professional discussion

have been previous similar studies as well, which have shown beneficial effects of CPD on clinical practice in physiotherapy.21-23

Even though these studies demonstrate some positive effects of CPD on clinical practice, the results need to be seen in the light on small sample sizes and restrictive methodology. In addition, while formal learning has been evaluated, there has been no research on informal learning activities. In addition, attribution of improved outcomes to CPD alone presents considerable methodological difficulties.

Participation and non-participation in CPD

French and Dowds24 have claimed that those professionals most likely to need participation in CPD programs are the least likely to attend. Some studies have been done to look into the factors that encourage participation and those that act as barriers to participation. Motivation has been described as a continual feature in subjects willing to get involved in CPD. Karp25 had concluded that “Motivation is a causal factor, the mediator and consequence of learning” and that “before learning can take place, the learner must be motivated”. This has been recognised by CSP as well in their briefing paper on CPD.6

While acquisition of new knowledge and competencies remains the primary motivation for CPD, softer gains like self-esteem, morale, enjoyment, job satisfaction, personal confidence and reassurance have also been raised as important motivators.3 Job security has been highlighted as another reason for people participating in CPD. In most of the developed countries, there is some minimum requirement for CPD to remain on the professional register.5,8 It has been shown that left to their own conscience or if the mandate was removed, physiotherapists would participate in lesser CPD activities11. Another important factor is the learning culture and aims of the organization. It is imperative that within the context of aims and objectives of the organization, professionals’ needs and learning goals are addressed. It has been highlighted that learning environment needs to be established within an organization for progression of skills and competence.15

Workplace support is an important aspect and the lack of it can be a major barrier to CPD participation. Along with the individual and organizational culture, the society plays an important role in development of CPD pathways. It is no longer realistic to think in terms of education, working life and retirement as successive phases of life, as the knowledge acquired in the early years becomes obsolete at an accelerated rate. The concept of lifelong learning in society, by promoting education and training throughout the life cycle opens up new prospects for shaping and conduct of peoples’ lives and for the way they manage their work and culture4. There have been various barriers highlighted in the literature as contributors to restriction on CPD. These include time, finances, staff shortage, family commitments, lack of workplace encouragement.” As time away from work can cause loss of earning in private practice or staff shortage in teams, it can act as a demotivator for the individual or for the manager who has to approve the course and funding. The relevance of the course to practice may also influence a manager’s decision to fund courses for staff.29

Though there is no published resource as to the total cost of CPD within physiotherapy, it can a prohibitive factor which can influence the decision of the managers in course approval.30

Future Directions for CPD

The responsibility for CPD lies at different levels including individual, workplace and professional bodies and government. While the governments need to give utmost importance to CPD to enhance patient care, professional bodies have to demonstrate that their members are accountable, efficient and effective through CPD. Similarly, employers would like to have staff with appropriate skills and knowledge to deliver exemplary service. At an individual level, a professional need to understand the focus and needs of the employer and the requirements of the professional registering bodies to develop measurable outcomes, ensuring that it is relevant to their current practice and future career development.

Continuing professional development

Ahuja D
Professional discussion

In order to curtail the effects of the identified barriers, flexible learning systems and greater accessibility to resources is needed. In addition, it is imperative that physiotherapists are provided greater education about the CPD process and what it constitutes to allow them to move away from the traditional methods of formal CPD towards innovative informal learning methods.

This paper highlights the lack of research on CPD in physiotherapy, its effect on clinical practice and career development of physiotherapists. Future research needs to explore the types of CPD activities being undertaken by physiotherapists and use of sound research methods to assess their impact on clinical practice and patient outcomes.

Conclusion

CPD is an essential aspect of the profession of physiotherapy to maintain up to date knowledge with continuing development in understanding of the theory and practice of physiotherapy. Various forms of CPD have been identified and there is a need for greater understanding of the informal methods of CPD to complement the formal learning. Future research needs to incorporate sound methodology to quantify the effects of both formal and informal learning and compare their effects on patient related outcome measures. In addition, the perceptions and attitudes of physiotherapists towards CPD also need further exploration.

References


Professional discussion


ACKNOWLEDGMENTS

None

CONFLICTS OF INTEREST

None identified or declared.