Continuing Professional Development: are we at the crossroads?

Introduction

Continuing Professional Development (CPD) is a buzzword that has been with us for such a long time that we are accustomed to viewing CPD as part and parcel of our professional lives. However, the way in which each of us views CPD, the extent to which each practitioner is involved in CPD and the level of support provided by workplaces for staff CPD development vary. Perhaps it is time for us to revisit the concept of CPD. To this end, I have deliberately chosen a provocative stance, hopefully with the aim of stimulating debates that will further the CPD agenda, with the ultimate aim of benefiting our patients and the future of our profession.

CPD: Where are we now?

An essential attribute of a professional dictates that a healthcare practitioner must continuously engage in CPD as part of his or her professional responsibility. In Medical Radiations as in other health professions, CPD is now being tied to accreditation and state registration, and is increasingly being used as a means of regulating professional practice. Despite these developments, the willingness and ability of practitioners to actively engage in CPD activities is not an automatic, as evidenced by numerous studies including the two articles published in this current issue. Despite the overall support of radiographers for the Australian Institute of Radiography (AIR) CPD programme (see Lee, et al. article in this issue), commonly cited barriers to active CPD participation remain. These include funding, access to CPD, staffing and workload, time, workplace support including management attitude towards CPD, career structure, lack of information on how CPD enhances clinical competence and salary and external life commitments. It has been 10 years since the AIR first introduced its first pilot CPD programme in July 1999 and it is of concern that many of these obstacles still exist. Against the background of rapidly changing technology and a constantly evolving healthcare system, these barriers continue to have an impact on the ability of Medical Radiations practitioners to enhance their clinical competence and to advance clinical practice. It is therefore imperative that we revisit our CPD programme and explore ways to remove some of these identified barriers or find new ways to provide additional support to assist Medical Radiations practitioners to more actively engage in CPD.

Major challenges

Three major challenges confront the profession in terms of CPD.

Challenge One: Modify the CPD programme to meet the varying aspirations of Medical Radiations practitioners

In one of my conversations with a recent graduate, he commented on the irony of the Medical Radiations profession. Specifically, the high tertiary entry scores required for admission into Medical Radiations programmes which reflect the popularity of the programme rather than the skills and expertise required of a qualified practitioner. He maintained that the clinical responsibilities are repetitive and together with limited functional autonomy, radiographers remained relatively unchallenged in their working life and soon fall into the trap of being stuck in a “box”. It is therefore imperative that the practitioner be proactive in seeking to learn new things to keep oneself challenged. His view of repetitiveness is also being reflected in radiation therapy whereby much of radiotherapy skills have been described as “boring and routine”. These practitioners see imaging/treatment as a mechanical task that is essentially robotic in nature with the description of “factory like” not being uncommon.

Whether one agrees with this view of repetitiveness and monotony regarding our profession is irrelevant. The take home message for us is that we must design our CPD programme to mentally challenge our practitioners, as well as ensuring our CPD programme meets the varying aspirations of Medical Radiations practitioners. This view is also being echoed in the 2009 radiation therapy study by Probst and Griffiths. As such, the CPD programme should be viewed as a continuum of activities, ranging from activities aimed at maintaining and enhancing practitioners’ competence in their daily clinical functions from one end, to assisting practitioners in conducting research that contributes to the creation of new knowledge and advancement of clinical practice at the other. CPD can thus be used as a means to continuously challenge and thereby retain our skilled workforce. To do “nothing” risks losing practitioners at both ends of the continuum. Anecdotally, a small minority of practitioners felt their contribution in planar radiography has been devalued as they were not engaging in specialised imaging modalities or research. To this end, it would be appropriate to revisit the CPD programme also with the aim to reinforce and reassure practitioners the value each of them brings to the workforce, regardless of the nature of their clinical responsibilities. Although some might argue that this proposal is essentially cosmetic, such an explicit remodelling of CPD will go far in validating the important contribution each practitioner brings to the profession and the community, an important aspect of maintaining practitioners’ job satisfaction.

Challenge Two: Foster greater collaboration between institutions

Currently CPD activities are fragmented and more work should be done towards bringing various stakeholders together so that as a cohesive group, we have a better chance of further improving CPD impact on clinical practice. For instance, the AIR is actively promoting research within the profession with the AIR Research Symposia and the offer of the AIR Research Scholarships. The Medical Radiation Technologists Board of Queensland is also offering research grants to Queensland members, and universities are pursuing their own agenda of higher degree by research.

Given that all these institutions have a common goal of pushing the research agenda, the challenge now is for the institutions to move beyond their local backyards and explore avenues of collaboration in setting a strong foundation for building the research capacity of the Medical Radiations profession nationally. There are two immediate benefits in this form of national synergy. First, it will enable medical radiations researchers to gain access to bigger pools of research funding, which currently remain beyond the reach of most of
us due to the competitive nature of national funding. Second, this research funding has the potential of bringing together radiographers and radiation therapists to collaborate on research studies – an important feature of interdisciplinary collaboration. This form of partnership should not be restricted to local institutions within Australia. Collaboration can also extend to a transnational level such as the AIR and NZIMRT (New Zealand Institute of Medical Radiation Technology) pooling together their limited resources to conduct CPD programmes that are of common interest to their members.

**Challenge Three: Working together to develop a holistic CPD model**

We therefore need to revisit CPD with a bold new vision that equips a dynamic evolving profession to deal with the current challenges confronting the profession. We need to develop a holistic CPD model that will address the identified barriers to CPD, which are still in force despite the implementation of CPD a decade ago. The CPD model will need to acknowledge the importance of policy and legislation in the implementation of CPD in the workplace. The involvement of government agencies is necessary in order to formulate policies that will entice more private sectors to engage actively in the CPD agenda. More research is also needed to explicitly establish the link between CPD and improved practice, which will address the apathy identified in the study by Henwood, *et al.*

In addition, networking and open dialogue with external stakeholders such as educational institutions, professional bodies, accreditation and government agencies, community and patients are essential in informing us of the future directions of CPD. Local interventions within the workplace alone are inadequate to bring about major changes to CPD. Intervention of external bodies are necessary in order to have greater chances of success. As reported in our second CPD article in this issue by Lee, *et al.*, such an initiative is a mammoth task that cannot be undertaken by a single institution. It requires institutions to put aside each of their own political agendas to pursue a common CPD goal. The challenge is for us to take up this responsibility together in order to move the profession forward for the benefit of our patients.

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**References**