

Continuing professional development (CPD): a necessary component in the workplace or not?

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Background: Continuing professional development (CPD) is important because it delivers benefits to the individual, their profession and the public. CPD increases credibility, maintains skills and knowledge to deliver a professional healthcare service. It also ensures that individuals are up to date with industry change by constantly updating their skill set, and filling in gaps in competencies and knowledge.

Objective: The objective of this brief review is to investigate whether CPD should be a necessary component in the professional work field or not.

Method: A literature review was conducted using electronic databases Science Direct, Wiley Online Library, Google Scholar, ERIC, Research Gate, African Journals Online and Emerald Insight.

Results: The results have shown that a number of barriers played a role related to the participation of professionals in CPD programmes. The barriers most professionals face which prevent them from participating in CPD are either the attitudes of professionals towards CPD or time constraints due to workload.

Conclusion: Although many barriers have been identified, the outcome was in favour of having the CPD system in the workplace.

Keywords: CPD points, CPD South Africa, CPD workplace, barriers CPD, benefits CPD

Introduction

Continuing professional development (CPD) is a life-long learning process whereby employees gain knowledge, skills and experience above and beyond what they already have knowledge of. This knowledge can be obtained from the beginning of their profession to the end.¹⁻⁴ It is a form of lifelong learning that has been well structured and regulated.^{1,5} This type of learning not only increases professional potential, but personal potential as well.^{1,6-8} It is also known by the terms "lifelong learning" and "continuing professional education".⁹ In certain work environments, the CPD system is non-negotiable and is often monitored by a professional body. Professionals are required to meet a minimum number of CPD points over a certain period of time.¹⁰ This is to ensure that employees obtain sufficient knowledge required for that specific profession.² It aids in maintaining the knowledge and skills of the employees that will benefit them as professionals.²

CPD can range from formal courses to obtaining knowledge from everyday practices.² It serves as a platform to gain knowledge and experience which not only benefits the workplace, but the individual as well. CPD has five stages, namely: self-appraisal, personal plan, action or implementation, documentation and evaluation.¹¹ Furthermore, CPD plays a significant role in the workplace, and is especially important for health professionals.¹² It ensures that they remain competent throughout their careers, especially with advances in the various fields and technology.^{12,13}

The aim of this review is to investigate whether CPD should be necessary in the professional working field or not. We expect the outcome of this investigation to be in favour of CPD being an integral part of the workplace and we expect that its barriers can be overcome. This review will focus on the significance of CPD and how it affects the workplace and the employee, as well as the role of regulatory bodies such as the Health Professions Council of South Africa (HPCSA) that control CPD. The controversies surrounding this topic will be analysed and discussed. These include barriers and attitudes of professionals in the workplace. The analysis will also focus on the benefits of having a CPD system as an obligatory measure. It will also aid to ultimately determine whether the advantages of CPD outweigh the disadvantages and will focus on studies performed by various authors together with the methods that were used.

The role of CPD

CPD plays an essential role, not only in the healthcare fields, but other professions as well.¹⁴ In any working profession, it is important to be aware of any new ideas, developments, techniques, advancements and knowledge related to that specific field.⁵ It is key to maintaining the professional competencies of the employees together with their skills, knowledge and experience.¹⁴ Geldenhuys and Oosthuizen conducted a study in 2015 on the challenges that teachers face in CPD participation in South Africa.¹⁵ This revealed that lack of CPD activities did affect the learning outcome of students.

In a clinical setting, this is of extreme importance as incompetencies, clinical errors and poor quality services can place the patients' lives at risk.^{14,16} As a result, CPD in most health professions that are regulated, has become a mandatory practice.^{16,17} As much as CPD advances us professionally, there are barriers that employees face, which prevent them from participating in CPD programmes. This then brings up the debate as to whether or not CPD is a necessary component in the workplace.

With different professions, many countries have been switching from the previous system of lifelong learning called continuing education (CE) to CPD for the development of professionals in their specific fields.¹⁷ CE consists of learning activities that can be performed upon completion of academic education. This aims to improve the individuals' overall knowledge of their specific fields.¹⁸ CE is a component of CPD and, on its own, does not make significant improvements in professional practices.¹⁷ Although CPD has been recognised as significant in advancing professional knowledge, not all countries have given CPD the same priority and regulation of content and actual participation of CPD.^{15,17,19}

Internationally, there are regulatory boards that regulate CPD to ensure that health professionals meet the standards for CPD. In the United Kingdom (UK), the Health Professions Council (HPC) has standards which have been set for health professionals.⁸ CPD, according to the UK Government's Strategy, has been given increased priority for all Allied Health Professions (AHP).⁸

The HPCSA is a non-constitutional body in South Africa that aims to guide professionals and to protect the public.²⁰ Certain healthcare professionals in South Africa are required to register with the HPCSA.¹⁶ The HPCSA has set standards for CPD to which registered healthcare professionals must adhere. They will be required to complete a number of accredited continuing education units (CEU) on an annual basis. These have been organised into different levels which can be selected by healthcare professionals to complete, based on their specific requirements.¹⁰

It is compulsory for practising health professionals in South Africa in the following departments to register with the HPCSA: dental therapy and oral hygiene, dietetics and nutrition, emergency care practitioners, environmental health, medical, dentistry and medical science, medical technology, occupational therapy, medical orthotics and prosthetics and arts therapy, optometry and dispensing opticians, physiotherapy, podiatry and bio-kinetics, psychology, radiography and clinical technology and speech, language and hearing professions.¹⁰ The criteria to be registered with the HPCSA include a qualification in a specialised field, payment of the annual registration fee and acquiring the number of CPD points prescribed by the HPCSA.^{5,10}

The HPCSA requires its registered health professionals to participate in CPD and to accumulate continuing education units (CEU) biannually.¹⁰ CEUs are the value that each activity holds for CPD.¹⁰ The validation of the CEU lasts for twenty four months from the day on which the activity was completed.¹⁰ For medical

technologists, a minimum of thirty CEU are required annually of which five CEU need to be activities based on ethics, human rights or health law.¹⁰

According to HPCSA guidelines for CPD, the requirements for CPD for Medical Technology include:¹⁰

1. Medical technologist: A minimum of 30 CPD points of which 5 points need to be on health law, ethics or human rights.
2. Medical technician: A minimum of 15 CPD points of which 2 points need to be on health law, ethics or human rights.
3. Supplementary medical technician: A minimum of 15 CPD points of which 2 points need to be on health law, ethics or human rights.
4. Laboratory assistant: A minimum of 10 CPD points of which 1 point needs to be on health law, ethics or human rights.
5. Supplementary laboratory assistant: A minimum of 10 CPD points of which 1 point needs to be on health law, ethics or human rights

Barriers that prevent CPD participation in the workplace

In 2008 Dent, Weiland, and Paltridge conducted a study in Australia.²¹ It was aimed at determining the different barriers of CPD perceived by Fellows of the Australasian College for Emergency Medicine (FACEM). Surveys were used as a method for conducting this research study. These surveys included 12 factors that could prevent them from participating in CPD; participants were asked to rate these barriers. These barriers included increased workload in the department, family commitments, time (other priorities), inability to use conference leave due to other commitments, presence of other colleagues at the same conference, inconvenient scheduling and times, geographical factors, financial constraint, award or contract excluding leave for conferences, employer or colleague resistance, no interest in CPD available and lack of motivation.²¹ The results showed that lack of time due to other priorities (43.4%), was the most overwhelming of the barriers, which was followed by an increase in workload (35.1%) and family commitments (32.8%). Other barriers such as conference leave not being utilised (32.3%), colleagues attending the same conference (30.1%) and inconvenient times (23.8%) followed the major significant barriers. The study also identified that less of the professionals had barriers with geographical factors (18%), financial constraints (13.2%), insufficient conference leave (award/contract) (7.6%), employer/other employees showing resistance (6.3%), insufficient interest (7.3%) and lack of motivation (6.9%).²¹

The maintenance of professional standards programme (MOPS) is a type of CPD scheme that is used by the professionals at FACEM.²¹ Results showed 37.5% of the participants agreed and 12.5% strongly agreed that undertaking MOPS allowed for professionals to update and further their knowledge to keep it current. These participants acknowledge the significance of CPD in the workplace and the impacts it has had on daily practices.²¹

Professionals who do not have sufficient time to participate in CPD and are overworked tend to become demotivated in the participation of CPD.^{14,21-24} This accounts for the majority of

individuals who have participated in this study.²¹ Relationships between colleagues and employers also play a role in the participation of CPD.²³ Those professionals who have conflict with their colleagues tend to avoid CPD activities that involve them. This can be seen in the results above whereby professionals avoid conferences if their colleagues are present.²¹ In other cases, managers or trainers may be against other employees gaining further knowledge.^{14,21,23} This practice is unethical. Other significant barriers that affected fewer of the participants also need to be taken into consideration and solutions to these barriers should be developed. Observations revealed that the barriers are the cause of demotivation of CPD participation.^{14,21,25} Solutions to these barriers will create a more motivated environment around CPD.^{14,23}

According to the South African Nursing Council, in order for nurses to renew their Annual Practising Certificate, they are required to obtain a minimum of 15 CPD points annually.²⁶ A research study was conducted by Coventry et al. between 2001 and 2015,¹⁴ which aimed to identify the workload of nurses and the impact it has had on their participation in CPD. To carry out this investigation, an integrative review was used.¹⁴ The reason for using this method was it included theoretical, empirical and comprehensive studies and allowed for data to be organised, analysed and synthesised.¹⁴ Electronic search engines were used and out of the 1 616 articles, 11 were extracted for this study. These 11 articles were published in Australia, Uganda, USA, UK, Canada, China, Greece, Hong Kong and Jordan.¹⁴

The above study revealed that nurses do not have a positive view towards CPD participation. Nurses felt demotivated, had fewer opportunities and lack of support to participate in CPD.¹⁴ There were three main reasons identified as to why nurses would not participate in CPD.¹⁴ These included a decreased opportunity to attend CPD programmes during work time as a result of an inadequate supply of nurses. This left nurses fatigued and demotivated to participate. They were also found to be reluctant to participate in CPD in personal time due to other personal commitments. Organisational culture and leadership were also a factor as lack of support by managers for CPD participation and

opportunities given resulted in demotivation and lack of interest of nurses.¹⁴

It was found that the attendance of nurses to CPD activities was prevented by barriers. When the barriers are removed, it is expected that nursing professionals will have a positive mind set towards CPD as the barriers are creating a negativity towards CPD participation. Good leadership, motivation, culture and reasonable workloads will significantly increase and encourage CPD participation.^{14,27}

The above study is significant as it emphasises the need to invest in CPD programmes for nurses. In order to enforce a positive attitude towards CPD, nurses should be encouraged and motivated to participate in CPD. Opportunities should be provided and time given to allow them to participate in CPD. This also applies to other healthcare fields as work can be very demanding and employees lose the benefit of CPD participation. Lack of CPD has an impact on the safety and quality of services provided by the employees.^{14,27}

The findings in this article also correlate with a study conducted by Dent et al.²¹ The correlation between the above two articles indicates that barriers such as time constraint, inability to attend CPD due to the department being too busy or understaffed, professionals having other priorities and lack of interest have been a problem in the past, as identified by Dent et al. in 2008,²¹ and that they still were a problem a few years later, as identified by Coventry et al.¹⁴ in 2015.

In the professional fields selected for comparison, similar barriers are clearly identifiable, the identified key barrier preventing participation in CPD programmes being time constraints, as illustrated in Table I.

Attitudes, behaviours and preferences of CPD in the workplace

The employees' attitude, behaviour and preferences with regards to CPD also play a role in determining whether or not they would participate in CPD activities.²⁹ In 2005, Austin et al. did a research study in Ontario, Canada, which aimed to

Table I: Barriers and attitudes of professionals related to CPD in the workplace

Study population	Barriers and attitudes related to CPD	
	Barriers	Attitudes
Emergency medicine professionals ²¹	<ul style="list-style-type: none"> • 25% time constraints • 19.8% understaffed • 8.3% finance 	<ul style="list-style-type: none"> • 13.5% lack of relevance and/or interest • 16.7% other commitments • 16.7% family commitments
Nursing professionals ¹⁴	<ul style="list-style-type: none"> • Time constraints • Unable to attend activities (understaffed) • Decreased opportunities and support to participate 	<ul style="list-style-type: none"> • Unwilling to attend in personal time
Pharmacy professionals ²⁸	<ul style="list-style-type: none"> • Time constraints • Finance • Lack of provision of resources • Lack of support and facilitation of CPD • Technical constraints 	<ul style="list-style-type: none"> • Negative attitudes towards CPD being compulsory • Lack of understanding of the concept of CPD
Dentistry professionals ¹⁹	<ul style="list-style-type: none"> • Time constraints • Finance • Work and personal commitments • Lack of resources and support 	<ul style="list-style-type: none"> • Lack of interest • Inconvenience

investigate employee behaviour, attitudes and preferences towards CPD.¹¹ To carry out this investigation, a total of 11 focus group sessions were constructed with four to five individuals per group. The participants were pharmacists from Ontario College of Pharmacists' Quality Assurance and Peer Review Process. Field notes were then taken in great extent and were then confirmed by the participants.¹¹

Results of this investigation revealed that more than half of the participants of each group were unaware of CPD in relation with CE. The participants acknowledged the importance and need for the CPD and its role in the workplace.¹¹ However, many felt that the CPD system was not structured well enough and as a result, they were not too keen on participation. Furthermore, some of the participants preferred the older method of CE. Some of the reasons for the reluctance in the participation of CPD were identified and included time constraints, resource management issues, lack of support by the employees, challenges in learning and a lack of systemic educational opportunities.^{11,29} It was also identified that peer support is an essential contributor to CPD participation.¹¹

The study also revealed that the majority of the participants acknowledged the importance of CPD but faced challenges and barriers in participating in CPD.¹⁰ The pharmacists who had experience with CPD agreed that it was beneficial and a necessary component in the workplace and made a significant difference in their individual practice. They had also expressed that the importance of CPD was not fully emphasised in the workplace.¹¹

Attitudes and behaviours towards CPD determine whether the professional will feel enthusiastic about learning or not. It appears that awareness of CPD is important and that lack of support from employees and lack of opportunities create a negative perception of CPD. When there is no motivation or interest, learning and retention of that information becomes difficult. As a result, peer-motivation and encouragement was found to play an important role in CPD participation.¹¹

Donyai et al. conducted a comprehensive review of published literature in the UK. Their aim was to determine the participation and beliefs surrounding CPD amongst pharmacy professionals.²⁸ A minimum of 9 CPD points are required annually by Great Britain-registered pharmacists. The study was conducted by obtaining literature that was identified through databases. Screening was done thereafter to remove duplicates. The literature then had to go through eligibility and inclusion steps.²⁸

From this investigation, it was found that professionals in the pharmacy department do not fully understand the fundamentals of CPD.²⁸ It was noted that by creating an understanding of the scope of CPD within the pharmacy department, that CPD could be encouraged. It was also noted that other barriers, such as time and finance, played a role in discouraging participation in CPD. Motivation and peer-support were found to be facilitators in encouraging CPD participation.²⁸

Studies revealed that pharmacists had begun accepting CPD and its compulsory participation.²⁸ They had acknowledged its significance and the role it has in the workplace. With facilitation in CPD activities, the participation in CPD was found to have increased. It was found that departmental support in CPD participation had made a significant improvement in participation. However, the study suggests that, despite the improvement in the awareness and development of CPD, it was not fully accepted by the pharmacists. Further development of CPD activities and removal of barriers towards CPD are believed to improve CPD participation.²⁸

It is clear that pharmacists who approve of CPD, are those that do not have as many barriers, but rather have a positive attitude towards CPD and are motivated to participate. It was also found that peer-support is an important contributor to the participation in CPD.²⁸

Benefits of a CPD programme

A study conducted by Barnes et al. in Europe determined the involvement of dentists in CPD participation and how their lack thereof affected the health care of their patients.¹⁹ Results of this study showed that the majority of dentists were not involved in CPD. Factors that encouraged CPD participation included CPD activities that were convenient and related to the specific need of the dentists. Activities that struck an interest in the dentists also encouraged their participation together with the enthusiasm to acquire new knowledge. The location, speakers and requirement to complete the required number of CPD points also encouraged the participation of dentists. Many other dentists however, faced barriers which made CPD participation more difficult. These included time, convenience, costs, commitments and interests.¹⁹

The study also identified that dentists had gaps in specialised knowledge rather than general healthcare knowledge in the dentistry field. It was found that CPD in the workplace did, in fact, play a significant role in strengthening knowledge and should be further encouraged.¹⁹

Conclusion

This review investigated whether CPD should be a necessary component in the professional working environment or not. It was concluded that there are various factors that influence participation in CPD by professionals. These included barriers and attitudes of the professionals which made them reluctant to participate. However, we also analysed the significance of the CPD system and the effects of the lack thereof. The barriers can be overcome and a positive attitude towards learning can be reinstated. As a result, we can conclude that CPD is a necessary component in the workplace.

Success in life is dependent on CE and development and it is essential for achieving professional goals.³⁰ Patients have the right to expect that the services they have been provided with are safe and of good quality, and that the providers remain competent throughout their working careers.^{11,31}

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