Continuous Professional Development: Faculty Views On Need, Impact And Barriers

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Abstract: Background& Objective:Ever changing dynamic field of science, technology and health care had made it essential for a health care professional to keep abreast of the latest development. Continuous Professional Development (CPD) can be considered as a process in which individual practitioners identify their own learning needs, makes plan to meet those objectives and finally evaluates the effectiveness of the plan .Perceived barriers to CPD vary significantly by individual's personal characteristics, job position, and organizational factors. Present study was done to explore the faculty views of CPD in terms of its need, methods, impact and barriers. Objectives: 1.To assess the perceptions of healthcare faculty about Continuous Professional Development 2.To identify the barriers perceived by health care faculty for Continuous Professional Development.Methodology:A Cross Sectional study was conducted among 32 faculty,enrolled for Foundation for Advancement in International Medical Education and Research (FAIMER) Fellowship programme at one of the regional institutes of India. A self- administered structured and modified questionnaire was given to participants as a part of Mentoring and Learning (ML) web sessions through 'Survey Monkey".Results:In the study, 16 (50%) out of 32 faculty members participated, where majority of participants considered attending conferences, reading journals and E-learning Modules as a CPD activity undertaken in the past one year . Nearly all participants agreed that CPD can make positive change in terms of diagnostic and treatment practices (81.25%), knowledge acquisition (100%) as well as attitude (93.75%) towards patients. Availability of study leave (56.25%) and work-life balance (75%) were significant barriers to participation. Participants strongly believed that CPD helps to recognize knowledge gaps, promoted self-reflection and focused endeavours.Conclusion:Present study reported good knowledge, favourable attitudes and practices towards Continuous Professional Development activities among health care faculty members. The study also revealed combination of responses among faculty about their own CPD activities. [Jiandani M NJIRM 2016; 7(2):106-109]

Key Words: Continuing Professional development, Knowledge, Perceptions

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Introduction: Ever changing dynamic field of science, technology and health care had made it essential for a health care professional to keep abreast of the latest development. We need to update our knowledge and skills needed for patient care, research, education, formation of policies and community health. It has been experienced as a gap filling need.[1] Continuous Professional Development (CPD) can be considered as a process in which individual practitioners identify their own learning needs, makes plan to meet those objectives, executes those plans, and finally evaluates the effectiveness of the plan in relation to their practices.[2, 3]

CPD is indeed a lifelong process. It includes all formal and informal activities in order to maintain, update, develop, and enhance professional skills, knowledge, and attitudes. It is systematic and ongoing process that is built on initial education and training to ensure continuing competence.[4] Professionals adopt various means like seminars, workshops etc. to upgrade themselves.

Though CPD is mandatory for overall growth and progress of an individual, it may not be achievable. The organization or institution may not have an environment that provides opportunity for all staff to maintain and develop their skills.

Objectives-

1. To assess the perceptions of healthcare faculty about Continuous Professional Development
2. To identify the barriers perceived by health care faculty for Continuous Professional Development.

Material and Methods: A Cross Sectional study was conducted among 32 faculty enrolled from different parts of the country and also few from other Asian countries for Foundation for Advancement in International Medical Education and Research (FAIMER) Fellowship programme at one of the FAIMER regional institutes of India.Fellows of 2014 and 2015 participated in the online discussions. Based on literature review and published questionnaire on CPD[1] a self- administered, structured and modified

questionnaire was given to all the participants as a part of Mentoring and Learning (ML) web sessions through 'Survey Monkey'. The questionnaire consisted of one open ended and six semi- closed questions on various aspects of Continuous Professional Development. The participants were requested to fill up questionnaire and submit it within one week. The data was entered into Microsoft Excel Sheet and analysed.

Results: In present study, 16 (50%) out of 32 faculty members participated in the discussion with a response rate of 50 %. Of 16 participants, 11 (68.75%) were from various branches of Medicine such as Paediatric, Forensic Medicine, Biochemistry, Physiology and General Medicine. Two (12.50%) participants were from Physiotherapy; 2(12.50%) from Dental and 1 (6.25%) was from Ayurveda faculty.

Table 1:CPD activities of participants (n=16)

Question	CPD activity	No of responses (%)
What was the CPD activity undertaken in the past one year?	Conference	13 (81.25)
	E-learning modules	10 (62.50)
	Reading journals/materials	13 (81.25)
	Teaching	07 (43.75)
	Skills training workshops	05 (31.25)
	Drug company material/CME	02 (12.50)
	Informal consultation	05 (31.25)
	CD/DVD	03 (18.75)
	FAIMER	01 (6.25)

Discussion: A. CPD activities of participants in past one year (Table 1):Majority of participants considered attending conferences, reading journals and E-learning Modules as a CPD activity undertaken in the past one year. More attendance towards conferences as it may be due to importance of professional networking perceived by participants through attending conferences[5]. Same study finding was reiterated by study of Dave Davis etal.[6]and Zoriah Aziz et al.[7]Five (31.25%) participants attended 'Skills training and Informal Consultation' as and 2 (12.50%) considered attending 'Drug company CME Programme' as CPD activity. 'Online courses and simulator' were attended by only 6% of participants as the best method of learning. 6(44%) of participants felt best method of learning were 'Group work, workshops, reading and experiential learning.'

B. Acquisition of skills through CPD (Table 2): Participants were asked to select an appropriate response to the question 'In what ways was the CPD successful/worthwhile/inspirational or otherwise, using a five point Likert-type scale' (Table 2).

Table 2: Views of participants towards impact of CPD on medical skills (n=16)

Medical Skills	SA n (%)	A n (%)	N n (%)	D n (%)	SD n (%)	NR n (%)
Attitude change	7 (43.75)	8 (50)	1 (6.25)	0	0	0
Diagnostic practice	4 (25)	9 (56.25)	2 (12.50)	0	0	1 (6.25)
Treatment practice	4 (25)	9 (56.25)	2 (12.50)	0	0	1 (6.25)
Knowledge Acquisition	8 (50)	8 (50)	0	0	0	0
Practical skills	8 (50)	8 (50)	0	0	0	0
Learner satisfaction	10 (62.50)	6 (37.50)	0	0	0	0

SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree,SD-Strongly Disagree, NR-Not responded

Nearly all participants agreed that CPD can make positive change in terms of diagnostic and treatment practices (81.25%), knowledge acquisition (100%) as well as attitude (93.75%) towards patients. None of participants dis-agreed the positive impact of CPD on medical skills. In contrast to GMC study conducted by Manchester University, few participants were not agreeing that CPD makes change in medical skills of health personnel.[1]

C. Perceived barriers to CPD (Table 3) :Availability of study leave (56.25%) and work-life balance (75%) were significant barriers to participation. Our study findings corroborates with study findings of GMC study of Maastricht University where 54 % and 62% of respondents stated 'Study leave' and 'Work life balance' as major barriers to CPD participation.[1] Nigel Mathers et al.[8] also reported 'Time constraint and workload' as barriers perceived by respondents.

The participants were asked to state their needs for CPD. Fourteen (87.50) participants felt 'Career Progression' and 13 (81.25%) opted for 'Genuine interest in CPD' as major needs for Continuous Professional Development. Three (18.75%) considered 'Department Policies' as driving need for CPD. Only 12.50 % of participants felt the need based on 'Patient feedback'. In a study done by Kjaer NK etal.[9], main motivating factors of participants for CPD were 'Academic Interest' and 'Patient Feedback.'

"Learner-led CPD is the most successful because it encourages engagement and acknowledges professionalism" and is most valid from and educational perspective.[1] In present study, all participants expressed positive interest in learning various professional development activities like attending conferences, reading journals and literature, online sessions etc.

Table 3: Barriers perceived by participants for CPD (n=16)

Type of barrier	No of responses (%)
Availability of study leave	09 (56.25)
Indian working time directive	05 (31.25)
Work life balance	12 (75)
Cost	05 (31.25)
External demands	03(18.75)
Inadequate Preparation	03(18.75)
Motivation	03 (18.75)
Past negative experience	02 (12.50)

There is a need to overcome primary barriers first which exist within us even if environment is not conducive or institution is not providing resources.Participants strongly believed that CPD helps to recognize knowledge gaps, promoted self-reflection and focused endeavours. It enables to plan and achieve career goals and enhance overall performance. Participants perceived 'Self-Motivation' as most important factor for professional development which indicates that one should break the web within oneself and come out for our own development. The participants also perceived a positive role of accreditation bodies like National Assessment and Accreditation Council (NAAC) in enhancing CPD activities. However there was criticism towards "Tick Box" approach of CPD.

Limitations : Major limitation of present study was small sample size and hence its conclusions cannot begeneralized. However, further multi-centric studies are needed on this aspect to explore the perceptions of medical faculty towards Continuous Professional Development.

Conclusion: Present study reported good knowledge, favourable attitudes and practices towards Continuous Professional Development activities among health care faculty members. The study also revealed combination of responses among faculty about their own CPD activities. They perceived that they learnt best with workshop, group discussion and experience.

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