

Research

Attitudes towards continuing professional development: a qualitative study of Australian paramedics

Brett Williams PhD, is Professor and Head of Department¹; Tanya Edlington BA, is Research Assistant¹

Affiliation:

¹Monash University, Department of Community Emergency Health & Paramedic Practice, Melbourne, Victoria

<https://doi.org/10.33151/ajp.16.717>

Abstract

Background

In December 2018 Australian paramedics and the paramedicine discipline became nationally registered under the Australian Health Practitioner Regulation Agency (AHPRA). Paramedics are now required to register and satisfy registration requirements in order to work as a paramedic. One of the mandatory registration standards is continuing professional development (CPD). This study examines attitudes and perceptions held by Australian paramedics in relation to CPD.

Methods

A qualitative research project was undertaken using semi-structured interviews. A purposive snowballing sampling technique was employed to invite paramedics currently working in Australia to participate in telephone-based interviews. Data were analysed using a thematic analysis approach. The transcripts were read several times to determine repeated themes and these themes were then coded by two authors. Data saturation was considered to have occurred after 18 interviews.

Results

Eighteen paramedics responded and were interviewed; 16 of the respondents were male with the majority coming from Victoria. Broadly, four key themes were identified from analysis of the interviews. These included: 1) identification of CPD activities and requirements, 2) motivation, 3) factors influencing choice of activity, and 4) barriers.

Conclusion

There was general acceptance of the need for paramedics to stay up-to-date with current practice. Generally, this was seen as a responsibility of the employer but some individuals made the distinction between employment requirements and professional requirements. We would encourage ongoing research in this area particularly as CPD develops over time for paramedicine in Australia

Keywords:

allied health personnel; continuing professional development; emergency medical technicians; paramedics; registration

Corresponding Author: Brett Williams, brett.williams@monash.edu

Introduction

In December 2018 Australian paramedics and the paramedicine discipline became the fifteenth health profession to be nationally regulated and registered under the Australian Health Practitioner Regulation Agency (AHPRA). This was a significant milestone in the professionalisation of Australian paramedics that now philosophically makes Australian paramedicine a fully-fledged health profession (1). From December 2018 paramedics in Australia were required to register with AHPRA and satisfy registration requirements in order to work as a paramedic. 'Paramedic' also became a protected term; only able to be used by those who meet new registration standards. There are five mandatory registration standards: criminal history; English language skills; continuing professional development; recency of practice; and professional indemnity insurance arrangements (2).

While the national regulation and registration provides greater public protection, better clinical standards, and better portability of qualifications, it also expects other aspects of being recognised as a health profession such as continuing professional development (CPD) (3). One of the registration requirements is the completion of at least 30 hours of CPD with at least eight of these hours being activities involving other practitioners (2). Until December 2018, CPD undertaken voluntarily or external to an ambulance service provider was not mandated formally within the Australian paramedicine sector.

Definition of CPD

Defining CPD appears somewhat complex with various terms being used apart from CPD, including continuous professional competence (CPC), and continuing professional education (CPE) (4). CPE seems to be a precursor to CPD with CPC being a broader term. CPE updated practitioners' knowledge predominantly through passive learning and didactic teaching models (4). CPD is a requirement or means to achieving CPC. Literature considers the merits of mandatory CPD versus voluntary CPD, with the argument centred on adult learning principles (where the learner is self-motivated and therefore will engage more) and the true meaning of what it is to be 'professional', that is, a member of a profession (a true professional will continue to develop their skills because they understand that this is part of being professional) (5).

AHPRA defines CPD as the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives (3). The literature highlights reflection and self-assessment as particular, essential elements which set CPD apart from other learning contexts. The ultimate aim of engagement with CPD is to see it translated into practical application where there is a positive, demonstrable impact on

performance and in the case of health professions and patient care (6,7). This can be diluted in a mandatory scheme where the focus is on satisfying registration requirements. The period before implementation of CPD presents a unique opportunity to investigate and track attitudes and perceptions paramedics hold about CPD. The experience in other professions – and for paramedics in other countries – shows there is valuable information to be gained for administrators, employers, educators and other decision-makers in considering the best approach and design of CPD requirements and whether it ultimately contributes to improved patient care (8).

What does the literature say?

A review of research into attitudes and perceptions to CPD in health professions was undertaken. Literature was found on paramedicine, nursing, pharmacy, radiography (including diagnostic radiographers, medical radiation technologists), emergency physicians and medical technicians, chiropractors and dietitians. Discussion covered the merits of mandatory CPD versus voluntary CPD, costs and time to participate were themes across professions. It is noted that the literature about experiences with CPD in other professions is not recent given their respective professional maturity. However, the themes still offer many perspectives that are relevant for Australian paramedicine. Most noteworthy is that the introduction of CPD into any profession faces similar considerations, objections and challenges.

Before the introduction of CPD for paramedics in the United Kingdom, Martin investigated the challenges of its introduction (9). Martin highlighted the need for practitioners to understand and embrace the benefits of CPD as well as managers facilitating access to CPD. Knox et al evaluated CPD of advanced paramedic teaching methods in Ireland (10) and 2 years later conducted a national study of CPC for Irish paramedics and advanced paramedics (11). The first study was undertaken before the introduction of mandatory CPD and focussed on the types of training methods that might be used to reduce associated costs while maintaining effectiveness and benefit. Participants in an upskill program comprised of a range of learning activities and methods assessed effectiveness (short and medium term), accessibility, preferred learning styles and perceptions of outcome. Practical learning activities were preferred on all measures, including influence of patient care (10).

The second study by Knox et al aimed to identify factors that would inform the implementation of a CPC framework in Ireland by consulting with stakeholders, as well as determine attitudes about optimal educational outcomes and activities for the purposes of CPC (11). They found that Irish paramedics and advanced paramedics were supportive of CPC linked with professional development and registration. Elements explored portfolio maintenance, funding, auditing, time commitment, mandatory or voluntary participation and the role of sanctions.

Preferred CPC activities were blended learning, involving evidence of patient contact, team-based learning and practical skills (12).

Investigations in the context of other professions canvass the same types of issues. Particularly relevant to the Australian context is an investigation by Stagnitti et al into access and attitude of rural allied health professionals to CPD and training (12). This paper highlights challenges of time and access to CPD opportunities when the practitioner is located outside a metropolitan area. Extra time and costs associated with travel to attend CPD activities as well as difficulties of back-up when there are no other practitioners remind designers of CPD to consider these factors to provide equity of access (12). Hofsteede and Yelder identified practical issues for medical radiation technologists in New Zealand and noted that similar practical issues had been found in previous studies including time, family and access barriers. They also found that more online activities were desired to help mitigate these barriers (13).

CPD is a basic registration requirement across health professions in Australia and overseas; however, a compulsory CPD requirement which is self-managed represents a significant change within paramedicine in Australia, and to date has received insufficient empirical examination. Therefore the aim of this study is explore Australian paramedics' perceptions toward CPD as part of the national registration requirements. Developing a better understanding of paramedics' needs in relation to CPD will be critical as the Australian paramedic profession commences its journey into national registration.

Methods

Study design

A qualitative research project using a thematic analysis approach was undertaken to explore attitudes and perceptions of Australian paramedics to CPD in the context of the then proposed registration requirement related to CPD.

Participants and procedures

A purposive snowballing sampling technique was employed to invite paramedics who were currently working as a paramedic in Australia to participate in telephone interviews. Invitations were sent via a national paramedic academic email listserv (Network of Australasian Paramedic Academics) where individuals were invited to take part in a semi-structured interview lasting for approximately 45-60 minutes, exploring their attitudes towards CPD. Interviews took place during the month of May 2018 via telephone by a non-paramedic researcher, and with no prior professional association or relationship with interviewees. Questions covered basic demographic information, experience of CPD, attitudes to CPD, desirable features of CPD, barriers to undertaking CPD, information sources for CPD opportunities and confidence

in ability to assess own learning needs, planning CPD and maintaining a CPD learning portfolio. Interviews were recorded and transcribed verbatim by a third-party transcription service. All data were de-identified before transcription and also by pseudonym prior to analysis.

Data analysis

Data were analysed on a thematic analysis approach suggested by Braun & Clarke (14). The interview transcripts were read several times to determine repeated themes, and these themes were subsequently coded. These themes were cross-referenced against notations made by (TE) during the interviews in an attempt for data triangulation. A thematic approach was chosen to provide a rich description of attitudes and perceptions towards CPD. Consensus was reached on the identified themes between the two researchers (BW and TE), as was data saturation which was considered to have occurred after 18 interviews.

Ethical considerations

All participants completed a written consent before participation in interviews. Ethics approval for this project was granted by Monash University Human Research Ethics Committee.

Results

Participants

Eighteen paramedics responded and were interviewed. Sixteen of the respondents were male with the majority coming from Victoria. Two respondents were from Queensland and one was from New South Wales. Four were aged 20 to 30 years; four were aged 31 to 40 years; six were aged 41 to 50 years and four were 51 years or older.

Themes

Broadly, four key themes were identified from analysis of the interviews:

1. Identification of CPD activities and requirements
2. Motivation
3. Factors influencing choice of activity
4. Barriers.

Identification of CPD activities and requirements

Although the respondents may not have had a detailed knowledge of the specific CPD requirements proposed for paramedic registration, they had a broad understanding of what CPD is and the general requirements to be fulfilled for registration purposes based on their knowledge of other health care professions. In addition, they generally characterised training and education sessions provided by their employer as CPD and reported their participation in these educational and development activities as CPD when interviewed; however these education activities were generally organised by their

employer, occurred during paid work time and attendance was mandatory. When reflecting on their most recent CPD activity, most participants reported that the education had had an impact on their clinical practice, while some were awaiting assessment and others had not had the opportunity to apply what they had learned. This is similar to Sholer et al (2011) findings in relation to Western Australian radiographers' opinions and attitudes to CPD where employer-initiated CPD was most favoured; with in-house education and seminars suggested as approaches to increase CPD participation (15).

Some respondents distinguished between workplace training and professional development, saying that workplace training (policies and procedures required by the employer) should be provided by the employer, but professional development should be in the control of the individual paramedic:

'I think that the workplace still has a responsibility and a requirement to pay you for your workplace training. But for your professional training - that's quite separate, maintaining your personal registration. So therefore, I don't believe that that's a workplace responsibility.' (Respondent #15)

'Between nursing and paramedicine, I'd say, yeah, 80 percent of what I've ever done as continuing professional education, I wouldn't pay for or use my own time to do.' (Respondent #18)

Sholer et al (2011) found that Western Australian radiographers favoured employer initiated CPD, with most respondents (80%) believing that CPD should be structured by their employer (15). The most popular CPD activities were also employer-initiated information sessions and student supervision. This study also found differences between the experiences and perceptions of radiographers working in the public or private sectors, with there being more support and focus on CPD in the private sector (15).

As paramedicine moves to being a registered health profession, the mindset of individual paramedics and the profession at large will have an impact on meaningful engagement with CPD (8). Conscious changes to organisational culture often start with hard rules being imposed to force behavior to change to be in line with new requirements. Some people will find this change easier than others.

'I'm trying to stay away from this mindset of, 'the organisation owes me CPD', and sort of more an, 'I owe myself some professional development.' (Respondent #17)

'I think that being able to direct your own CPD allows you to have more ownership over it. It means that you can send it the direction that you think you need to, you can follow your interests. Also, work on your weaknesses.' (Respondent #15)

The risk of the mandatory approach is that there will be occasions where people engage in 'tick-a-box' exercises just to reach the required number of hours, rather than because they are taking a planned and conscious approach to addressing identified learning needs. One respondent reflected on their experience of meeting CPD requirements in another health

profession:

'I would find the quickest, easiest program to do and just do it... I didn't learn anything from it, it was just the quickest online module I could find and I did it. But it accounted for 4 hours even though I could do it in half an hour because I'd click through everything without actually reading it all.' (Respondent #3)

Motivation

While some respondents reported being highly motivated to seek out other activities and invest their own time and money, most respondents reported that they were not happy about being required to do this and felt that what was provided by the employer should be sufficient. Henwood, Yelder and Flinton also found a demonstrable lack of intrinsic motivation amongst radiographers in the UK and New Zealand where CPD is mandated, saying their study showed that a degree of apathy surrounded CPD participation, despite the professional expectation that staff be CPD active (16).

Motivation for individual paramedics is a factor. (8) Some paramedics reported they will do CPD because it is a mandatory requirement to remain registered, while others will do it because they really enjoy learning. This echoes Martin, who wrote of the need to move 'beyond spoon feeding' underpinned by an attitude change within UK ambulance services: individual paramedics needing to develop the intrinsic motivation to engage with CPD and the ambulance service education managers facilitating opportunities for CPD (9).

Educational research conducted by Vallerand et al also found males and females are motivated differently; males tend to be extrinsically motivated (eg. by reward or punishment); females tend to be intrinsically motivated (eg. pleasure and satisfaction) (17). The structure of careers paths and opportunity for progression may also be a factor that limits some individuals. The relatively flat structure of paramedicine as a profession means that learning more or specialising in an area does not attract additional payment or provide general opportunity for career advancement:

'There is little to no recognition - once you've done your undergraduate paramedic degree, there's little to no recognition of your experience, your ongoing training, or your abilities.' (Respondent #15)

Factors influencing choice of activity

Reported downsides to the employer provided training was the lack of choice in subject matter, the lack of tailoring of content to different levels (eg. advanced life support or mobile intensive care ambulance and presenters lacking skill in adult education or credibility with their students. Some participants reported the some topics could have been covered much more efficiently but it felt like time was just being filled because it was available rather than because the subject matter and learning approach demanded it.

'Relevance, convenience and lack of fluff. The wishy-washy CPD stuff tends to frustrate me... Just for example the last time we just did manual handling. Manual handling is very important but it can be done in a short workshop, it doesn't have to be an 8-hour day. Mental health again is very important and it's good to have CPD on it but when you've got so many clinical things that you could also be studying it just feels a bit wishy-washy when you could be learning about new guidelines and new medications and new protocols. It's not wishy-washy, it's just not efficient I guess.' (Respondent #3)

'So in the 6 years that I've worked for them, I think there's been one CPE day - which to be fair was a recent one - that had any value to me whatsoever. So the vast majority of them have been talking about new operational policies that don't really impact my day-to-day, talking about occupational health and safety which is guaranteed to put you to sleep. I found them to be really unhelpful, and if they're introducing a new guideline or a new drug, sometimes they'll touch it on it briefly but not with the sort of depth that you'd want them to. So it was all very like, 'we're meeting our mandatory requirements to give you an occupational health and safety refresher', that kind of thing. (Respondent #17)

Key features that were seen as important when choosing a CPD activity were an evidence base for what was being taught; the quality of the faculty; the opportunity to learn with/ from peers; and, that it was relevant, practical and 'clinical'. Confidence levels for identifying learning needs and planning CPD activities was generally high. Views on maintenance of a portfolio for audit purposes seemed to depend on the preferences of the individual. It was hoped that support tools would be provided.

Barriers

Barriers to participation in CPD where it is self-managed were identified as being time and cost. Consistent with Stagnitti et al, these barriers were magnified for paramedics outside metropolitan areas as travel costs and time away from home added to the burden (12). It was also identified that costs of fulfilling CPD requirements should be considered in light of the general salary levels of paramedics:

'...when it starts to impede upon my private time, that - I'm opposed to it. It causes me and my family stress, and to then ask, financially, for us to stump up for it? We're not surgeons, we're not - we're middle of the range earners. It's an unreasonable ask.' (Respondent #2)

Limitations and future research

We acknowledge the limitations of this study which include: a small sample size; not geographically dispersed across Australia, so generalisability of the results are limited. Also, females were under-represented despite representing a large

percentage of the paramedic workforce. We were also unsure if participants were registered with another health care profession and whether results may have been influenced by these previous experiences.

Future research opportunities exist to use mixed methods, larger samples and to follow the impact of CPD activities on clinical behavioural intentions and ultimately patient care. There is also opportunity to explore the application of relevance of the instrument developed by Legare et al to assess the impact of CPD on clinical behavioural intentions (18).

Conclusion

There was general acceptance of the need for paramedics to stay up-to-date with current practice. Generally, this was seen as a responsibility of the employer but some individuals made the distinction between employment requirements and professional requirements. This distinction may bear further examination. Like any cultural shift, change takes time and can be painful. Employers and professional bodies working together to show the value of CPD beyond just meeting mandatory registration requirements will influence attitudes of Australian paramedics to CPD. Further investigation of attitudes, perceptions and the impact of CPD on the profession would be valuable.

Acknowledgements

We would like to acknowledge and thank those paramedics who participated in this pilot study.

Conflict of interest

The authors declare no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement. Brett Williams is an Associate Editor of the *Australasian Journal of Paramedicine*.

References

1. Williams B, Onsman A, Brown T. Is the Australian paramedic discipline a full profession? *Journal of Emergency Primary Health Care* 2010;8(1). <http://dx.doi.org/10.33151/ajp.8.1.113>
2. Australian Health Practitioner Regulation Agency, 2018. Available at: www.paramedicineboard.gov.au/News/2018-11-30-Paramedics-Welcome-to-the-National-Scheme.aspx [Accessed 14 December 2018].
3. Australian Health Practitioner Regulation Agency. Continuing professional development. Available at: www.ahpra.gov.au/education/continuing-professional-development.aspx [Accessed 15 February 2019].

References (continued)

4. Ross K, Barr J, Stevens J. Mandatory continuing professional development requirements: what does this mean for Australian nurses. *BMC Nurs* 2013;12(9). doi:10.1186/1472-6955-12-9
5. James A, Francis K. Mandatory continuing professional education: what is the prognosis? *Collegian* 2011;18:131-6. doi.org/10.1016/j.colegn.2011.03.001
6. Lee N. An evaluation of CPD learning and impact upon positive practice change. *Nurse Educ Today* 2011;31:390-5. doi:10.1016/j.nedt.2010.07.012
7. Stevens B. Radiographers' commitment to continuing professional development: a single-centre evaluation. *Radiography* 2016;22:166-77. doi.org/10.1016/j.radi.2016.04.008
8. Gent P. Continuing professional development of paramedics: A systematic literature review. *Australasian Journal of Paramedicine*. 2016;13(4).
9. Martin J. The challenge of introducing continuous professional development for paramedics. *Journal of Emergency Primary Health Care* 2006;4(2). <http://dx.doi.org/10.33151/ajp.4.2.368>
10. Knox S, Cullen W, Collins N, Dunne C. First evaluation of CPD advanced paramedic teaching methods in Ireland. *Journal of Paramedic Practice* 2013;5(1). doi: org/10.12968/jpar.2013.5.1.29
11. Knox S, Cullen W, Dunne C. Continuous professional competence (CPC) for Irish paramedics and advanced paramedics: a national study. *BMC Med Educ* 2014;14(41). doi:10.1186/1472-6920-14-41
12. Stagnitti K, Schoo A, Reid C, Dunbar J. Access and attitude of rural allied health professionals to CPD and training. *Int J Ther Rehabil* 2005;12(8). doi.org/10.12968/ijtr.2005.12.8.19538
13. Hofsteede E, Yelder J. CPD for MRTs: evaluating attitudes and issues following mandatory implementation in New Zealand. *The New Zealand Journal of Medical Radiation Technology* 2009;52:4-10.
14. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;2:77-101. doi:10.1191/1478088706qp063oa
15. Sholer H, Tonkin S, Lau K, et al. Continuing professional development: Western Australian radiographers' opinions and attitudes. *Radiography* 2011;58:19-24. doi.org/10.1002/j.2051-3909.2011.tb00146.x
16. Henwood S, Yelder J, Flinton D. Exploring radiographers' attitudes to mandatory CPD in the United Kingdom and New Zealand. *ibid.* 2010;57:25-32. doi.org/10.1002/j.2051-3909.2010.tb00117.x
17. Vallerand R, Pelletier L, Blais M, et al. The academic motivation scale: a measure of intrinsic, extrinsic and amotivation in education. *Educ Psychol Meas* 1992;52:1003-17. doi.org/10.1177/0013164492052004025
18. Légaré F, Borduas F, Freitas A, et al. Development of a simple 12-item theory-based instrument to assess the impact of continuing professional development on clinical behavioral intentions. *PLoS ONE* 2014;9:e91013. doi.org/10.1371/journal.pone.0091013