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**A comparison of factors affecting participation in, and attitudes towards, CPD in the UK and New Zealand: A follow-up study**

**Abstract**

In 2004 the research team undertook a study investigating radiographers' attitudes towards CPD here and in New Zealand prior to any mandatory requirement being introduced, with results from the individual countries and comparison between countries being disseminated. The study, undertaken in 2001/2 was based on existing work in the nursing profession undertaken in the USA by Arneson (1985).

The initial study was undertaken in association with the Society of Radiographers, though no funding was sought to cover costs. The Society of Radiographers has again agreed that the questionnaire can be distributed with the SOR logo on it and a statement to say the project is being done in association with the SOR.

The proposed study will repeat the original study (the study is also being repeated in New Zealand under separate funding, supported by the NZIMRT) and the results will be compared with the findings of the original study to determine if radiographers' attitudes towards CPD has altered now that a mandatory policy is in place. The study will again allow an international comparison of attitudes between the two countries that have both subsequently implemented a mandatory CPD policy.

The aims of this project are to:

- Repeat the 2001/2 study in the UK to see if attitudes to CPD have changed, firstly in the UK, secondly in New Zealand and thirdly to compare any changes between the two countries (it was initially planned to repeat the study two years after the mandatory requirement to undertake CPD was introduced to follow the Arneson project timescale, but it was perceived that the policy took some time to take effect and only now that auditing of CPD is being discussed do we feel it is appropriate to repeat the study and show any true effect of the mandatory policy in practice).
- To compare the results with Walsh Arneson 1985 paper which showed that attitudes to CPD became more positive following the introduction of a mandatory policy.

**Methodology:**

The study is a mainly quantitative study using a structured questionnaire (there is one open question which it is anticipated will provide a small amount of qualitative data to add depth to the statistics collected).

The questionnaire is a mix of structured questions and attitude scaling.

Apart from the addition of three questions, to reflect changes in health care provision in the UK since 2002 (for example introduction of the KSF) and the changing of two questions (for example to ascertain reading of the most recent Code of / Statement of Conduct), the questionnaire is a direct repeat and has such has already been validated. (The questionnaire distributed in New Zealand was a direct repeat of the previous study and has already been distributed and returned for analysis.)

The questionnaire in the UK will be sent to a stratified sample of radiography departments in the UK, via department managers and learning reps, in addition the questionnaire will be available on line which will be advertised to a further 120 hospital departments. A power calculation has been used to determine the number of returned questionnaires required to ascertain a power of 80% and an alpha of 0.05. 620, assuming a 50% return rate will give the

required number of returned questionnaires) previously the HPC register was used to attain the sample from, but that is no longer available for purchase so alternative contact mechanisms have been sought.

Analysis of the quantitative data will utilise standard tests within SPSS. It is envisaged that t-tests, possibly with a Bonferroni correction for the subsets will be used as existing data from the first stage of the study met the criteria for parametric analysis and there is no reason to assume different this time. If conditions of normality and homogeneity of variance are not met the Mann Whitney U test will be used. Qualitative analysis will be undertaken using theme analysis.

#### **Potential Impact:**

The potential implications and impact for this project are broad. The results will be openly shared with the Society of Radiographers, who can use it to monitor the current status of attitudes towards CPD and plan future CPD provision. In addition, if the results in radiography follow the same pattern as that of Arneson's study, attitudes will have become more positive; disseminating that information may have an impact on subtly changing the culture in the profession, further increasing the profile of CPD as a positive requirement. This will be of interest to the Health Professions Council as they are currently beginning the audit process for the first professions under the HPC mandatory policy.

#### **Outcomes:**

- To establish the current status of radiographers attitudes towards CPD in the UK.
- To compare current attitudes towards CPD with radiographers in another country.
- To establish the change in attitudes (if any) over time between the two studies, following the introduction of a mandatory CPD policy.

#### **Evaluation and Dissemination Strategy:**

The results will be written up for publication in Radiography as an international comparative study to follow the one published in 2004.

The results of the UK study will be proffered at one predominantly radiotherapy and one predominantly diagnostic conference in the UK. (The study will also be disseminated by the New Zealand team member via the NZIMRT conference.)

#### **Evaluation:**

The papers, being presented to peer review will be evaluated prior to publication. The draft paper will be disseminated for review to two independent researchers in the field for comment prior to submission for publication. In addition, within the project team we assess and evaluate the results of the two components of the study, with our New Zealand colleagues, to ensure appropriate rigour has been applied at all stages and that the quality of data collection and analysis is high.

#### **Timescale:**

Project initiation August 2008

Data collection complete by February 2009

Data Analysis complete by end of April 2009

Results ready for submission to a journal by end of May 2009.

## Literature Review / References:

In the literature, the term Continuing Professional Development (CPD) has a number of different definitions (1, 2, 3, 4). This may contribute to confusion and variation in perceptions as to what CPD is. Areas of commonality in health however include, that all CPD policies claim to offer public protection, that there is at least a degree of individual responsibility within CPD, and that CPD is an ongoing, continuous process.

The definition used for CPD in this study is based on the COR definition (5), previously used in engineering and which was extended by Henwood, et al. (6) to make explicit the need to impact on services: "the continuous and systematic maintenance, improvement and broadening of knowledge and skills and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioners' working life which constantly works to improve the service provided".

In 2004, Henwood et al (7) published the results of a study which looked at radiographers attitudes to CPD prior to any mandatory policy being implemented. At the time of data collection, it was found that radiographers had an ambivalent attitude towards CPD and identified numerous obstacles which prevented participation. The study had been inspired by a paper by Walsh Arneson(8), which looked at attitudes of nurses towards CPD, both before and following the introduction of mandatory CPD policies in the United States. Walsh Arneson showed that attitudes became more favourable after the mandate was imposed. Similar findings were demonstrated in Florida in imaging (9, 10). The research team felt it would be valuable to replicate the study in imaging in the UK and New Zealand to see if similar results were obtained.

A full literature search will be conducted following data analysis to look at specific issues arising from the study and this will be used to complement the literature searches undertaken for the previous study. The existing literature used can be assessed in the published paper from 2004 (7).

### Notes on study timing

In the UK in 2001 and in New Zealand in 2003, the appropriate legislative changes were made to enable the possibility of mandatory CPD to be introduced. In 2004 the policy was introduced in New Zealand, with a one year implementation timescale imposed, so that New Zealand has had two years post policy implementation and the study has been repeated in New Zealand and data is currently being analysed. In the UK the implementation has been slightly slower and now that auditing of records has been discussed, we feel it is appropriate to repeat the study in the UK so that comparison between the two countries can be studied in a similar time frame. It is possible, that a third study to show attitudes once the policy is fully embedded into practice may also be worthwhile in the future to assess any further changes.

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