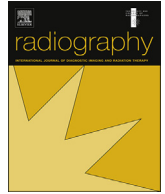




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## Improving Continuing Professional Development opportunities for radiographers: A single centre evaluation

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### ABSTRACT

**Purpose:** This study aimed to identify current barriers to CPD and generate ideas for strategies to overcome these issues. Further aims were to gather an overview of respondents' understanding and opinions of CPD.

**Methods:** An online survey was used to acquire information from departmental band 5 and band 6 radiographers. Descriptive statistical analysis and thematic analysis were performed to understand demographics and individuals' behaviours and experiences.

**Findings:** Radiographers ( $n = 33$ ) were sent an invitation via email providing a response rate of 75.8% ( $n = 25$ ), with 20 females (80%) and 5 males (20%). 52% ( $n = 13$ ) dedicate less than three hours a month. Participants highlighted time restraint as their biggest barrier to CPD. They also indicated a reluctance to use their own time to undertake work-related learning, despite exhibiting positive attitudes towards CPD. Radiographers see CPD as a vital and necessary, career-long learning process and they recognise the impacts on service provision. The notion of dedicated study time was unanimously suggested as the best approach to increase commitment to CPD.

**Conclusion:** Radiographers demonstrated positive opinions of CPD, yet it was evident that many are not undertaking activities during their own time and it was acknowledged that opportunities during work time are limited. The provision of study time in work was suggested as an approach to improve radiographer's opportunities to complete CPD. Training sessions underlining the necessity of CPD in maintaining registration, what constitutes CPD and reinforcement of the benefits of systematic recording of CPD should be provided.

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### Introduction

Continuing Professional Development (CPD) is a key construct in health professionals upholding their professional registration with the Health and Care Professions Council (HCPC), as well as maintaining their knowledge base and practical skills. Though, it is recognised that CPD is more than just a means to maintain registration, in the United Kingdom the Society of Radiographers (SOR) promotes a model of CPD that encourages active engagement to attain benefits rather than restrictive requirements.<sup>1</sup> This provides the opportunity to reap a number of professional and personal rewards. It is active

engagement in CPD that must be emphasised and encouraged to ensure colleagues are fulfilling HCPC requirements.

Radiographers are subjected to a biennial random audit by the HCPC. If chosen, registrants must provide evidence that they are meeting agreed standards of proficiency. Evidencing Continuing Professional Development and learning is a major aspect of this process by showing understanding of how learning activities have improved their practice and quality of service. The SOR recommend a minimum of 12 recorded CPD activities over a two year period, in order to meet HCPC criteria. Failure to meet HCPC criteria may lead to de-registration. Undertaking CPD activities aids education and development, and any relevant activity that one can learn from can be considered as CPD. In this respect, radiographers should be fully aware of what they are doing, why they are doing it and how it may impact on the quality of service.<sup>2</sup> Indeed, the HCPC outline a number of activities including work-based learning, self-directed learning and professional activities that registrants should be

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utilising to create a balanced collection of CPD in order to demonstrate their competence.<sup>3</sup>

Being cognisant of the wider aspects of CPD and the influences that different learning can have on practice and service provision as well as personal and professional development, is something that radiographers need to be aware of. Henwood & Taket<sup>4</sup> note that although many radiographers focus on specific components, such as participation in attendance-based activities, they are generally aware of the holistic concept of CPD. However, many show narrow definitions and varying expectations of what CPD should achieve with limited awareness of the intended impact on practice. Radiographers with a broader understanding of the CPD process will be better placed to recognise activities and opportunities that they can add to their CPD collection.

Previous research has indicated that many radiographers are not fulfilling the SOR recommendation,<sup>5</sup> however the reasons for this were not explored. Numerous barriers for carrying out CPD have been previously reported that are considered both individual-dependent and department-dependent.<sup>6</sup> These factors are corroborated by Henwood & Huggett<sup>7</sup> who also acknowledge that time constraints, funding and availability of CPD are practical issues that prevent participation. The question remains if these issues still prevail today?

Whilst previous studies indicate radiographers' awareness and understanding regarding CPD,<sup>8</sup> the provision of extended services such as long days or extra initiative lists provide hindrance with regards to carrying out CPD activities. The work by Gibbs<sup>9</sup> indicated that colleagues want a more flexible delivery of CPD, such as weekend courses or e-learning due to the difficulties in being released from clinical duties. Whereas several e-learning modules are free to use, many weekend courses are likely to incur a cost. Earlier research had indicated that funding restrictions were the biggest barrier to CPD.<sup>6</sup> Yet more recent research by Henwood & Flinton<sup>10</sup> suggests that funding is now no longer an issue. They postulate that a shift in the perceived primary barrier to CPD has occurred, moving away from funding issues to the time limitations associated with undertaking and recording CPD.

The issue of time restraint may well explain the reasons for radiographers' poor commitment to CPD. The notion of protected study time is an issue the SOR feels vehemently about, with a long term aim that all members should receive protected study time equivalent to 10% of contracted hours worked. It is, however, acknowledged that this is unfeasible in the current economic struggles. The Society suggest that union representatives and managers should find a compromise allowing six days of protected study time per annum for full time staff,<sup>11</sup> an approach that would go some way to improve radiographers' commitment to CPD.

The provision of CPD activities during work hours may provide radiographers with the opportunity to develop their knowledge base and enhance service provision. It has previously been reported, in a single centre evaluation, that many radiographers commit less than three hours a month to CPD activities,<sup>9</sup> this falls some way below the standards set by European radiographers who commit six to ten hours a month to CPD.<sup>8</sup> The premonition that the future provision of CPD will need to meet the needs of individual radiographers, the patients and the profession<sup>6</sup> is evidently coming to fruition.

The aim of this study is to investigate the barriers that radiographers in a district general hospital perceive to be preventing them from carrying out CPD activities. Additional objectives of the study included investigation of radiographers' opinions and understanding of CPD and also their ideas for strategies to overcome any barriers they have identified. The findings generated from this study provide an indication of only one radiology department within the NHS and must be interpreted with this consideration in mind.

## Method

This single-centre qualitative study was designed to investigate the barriers radiographers' experience with regards to carrying out CPD activities. A review of the relevant literature was undertaken to determine if any recurring themes, trends or findings were present in previous research. A pilot study was carried out consisting of five colleagues. Feedback was received and minor amendments were made to the wording of some questions. Additional questions were also added to the questionnaire before a second pilot study was performed with the same five colleagues. No changes were made following the second pilot study and this questionnaire was deemed suitable to proceed with.

An electronic invitation, via global email, was sent to all band five (n = 16) and all band six radiographers (n = 17) within a radiology department at an NHS district general hospital soliciting their involvement in an online survey. It was considered that those radiographers in a band seven or above role do not encounter the same barriers as bands five and six due to the managerial or leadership nature of these roles and were therefore excluded from this study. The invitation email included information for participants outlining the aims and objectives of the study and how the responses they provided would be used. The URL link for the questionnaire was also included in the initial invitation email. Participants were assured that their responses were anonymous with no identifiable data attached. The survey was open for four weeks from 15th July to 12th August 2016. Periodic emails were sent to all radiographers in order to increase the validity claims of the findings, which are recognised as being achieved with response rates above 70%.<sup>12,13</sup> Whilst response rates of above 65% may help to reduce non-response biases,<sup>14</sup> some degree of bias persists, therefore any broad generalisations must be made cautiously. Owing to the anonymised nature of the survey, there was no way of tracking responders and therefore the possibility of double-responses cannot be ruled out. This is recognised as a limitation of this method of data collection.

Responses were analysed to produce demographical descriptive statistics. Thematic analysis was performed by assessing the data and grouping appropriately.<sup>15</sup> This provided categorisation of repetition of ideas or concepts in order to generate theory pertaining to individuals' behaviours and experiences. This project was determined to be service evaluation by the Health Research Authority decision tool,<sup>16</sup> as staff-based surveys are not deemed necessary for ethical approval in the United Kingdom. However, contact was made with the NHS Clinical Research Network for the West Midlands to clarify approval to proceed.

## Findings & discussion

### Demographics

The invitation email was sent to 33 radiographers (28 female and 5 male), this returned 25 responses yielding a response rate of 75.8%, with the sample comprising of 20 females (80%) and 5 males (20%). Just over half of the participants were below the age of 30 (52%, n = 13). Fifteen participants (60%) qualified within the last five years, a further three (12%) qualified within the last ten years and seven participants (28%) had been qualified longer than 10 years, with year of qualification ranging from 1967 to 2015. The majority of participants (n = 17, 68%) spend their clinical time in general areas, five participants (20%) were CT radiographers, two (8%) were based mainly in fluoroscopy and one was based in nuclear medicine (4%). Ten radiographers (40%) indicated the use of a systematic tool or template to record their CPD, correlating with previous research.<sup>10</sup> Of these 10 responses, seven (70%) utilise the

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