

**CONTINUING PROFESSIONAL
DEVELOPMENT: A COMPARISON
BETWEEN MALTA AND UK. A
POSITION PAPER - DEMIS
CACHIA**

Introduction

Change is ahead for Occupational Therapists, generated by issues from both outside and inside the profession. Not only is the pace of changing accelerating in the world generally and the health service specifically, but traditional methods of providing care and rehabilitation are being modernised. This presents an exciting challenge and the need to reflect on both individual practice and the practice of the profession as a whole; has never been greater. As professionals we need to be able to respond quickly to changes within market conditions, to client requirements and to the influences of government policies. In this position paper, I will focus on continuing professional development (CPD) and therefore, the concept of lifelong learning will be highlighted. A comparison with the UK will be done since: -

- Being a British colony for many years, Malta is influenced by the UK in many ways including the development of the health care and the educational system,
- Many articles were written in the BJOT and in the "OT News" related to CPD, and
- The English language itself being the second language in Malta.

Personal Feeling and Instance

Following my personal interest to start the European Master's in Occupational Therapy, I felt very disappointed from the lack of support and encouragement received from higher authorities (not by Occupational Therapists). The negative attitudes towards continuing education and the bureaucracy to apply for support led me to write this paper where I claim that compared to the UK, continuing professional development in the Maltese Islands is not being encouraged adequately. Moreover, the importance of lifelong learning is not being recognised.

Definition of CPD

A number of different terms are used to describe the generic activity of maintaining and improving professional

competence, however, in recent years the term Continuing Professional Development (CPD) is being used more within the Occupational Therapy profession. CPD is described as lifelong learning, which enables individuals and teams to "expand and fulfill their potential to the benefit of the patient care" (DOH, 2000). It starts from a baseline of existing knowledge, qualities and technical abilities, which CPD aims to maintain, broaden and develop further. The College of Occupational Therapy (COT 2000b, p36) defines CPD as "the systematic maintenance, improvement and broadening of knowledge and the development of personal qualities necessary for fulfilling professional and technical duties throughout the practitioner's work life". CPD is about having a commitment to a structured approach to learning in order to maintain and develop the personal qualities, skills and knowledge needed for competent performance throughout the working life (Fenech, 2001).

Europe and Lifelong Learning

In the last decade a lot of importance to lifelong learning has been given. In fact the year 1996 was designated as the

European Year of Lifelong Learning. In the UK (1998) a Lifelong Learning White Paper was made and in the year 2000 the European Council in Lisbon published a Memorandum on the subject. Also, many articles were published in the BJOT related to CPD.

Unfortunately, only one article was found in the Maltese Journal of OT related to CPD. This does not mean that Occupational Therapists in Malta do not engage in continuing education. In-fact a good number of Occupational Therapists are in possession of a master's degree in OT. However, evidence to this is not being demonstrated due to the lack of publications and awareness on the importance of this matter. This is also because in the Maltese culture, CPD is seen to be more of a personal satisfaction leading to a final reward such as a degree or any other form of accreditation. Nothing or little is gained if one has a master's degree or any other qualification besides the first degree/diploma, in terms of promotion of financial remuneration.

The importance that the European Union (EU) and its members gives to Lifelong

Learning will surely encourage Maltese policy makers to take action in this regard. Also due to the fact that Malta will soon be a member in the EU such matters cannot be ignored anymore. In fact it is expected that in the year 2003 a Health Care Professions Act will be adopted while the Malta Specialist Accreditation Committee will be set up.

CPD and OT

East (2000) states that, it was no longer possible to consider OT as 'common sense. He stressed that a theoretical base of OT specific knowledge, informed by skilled clinical reasoning, was critical for the continuing development of practice. Since the Occupational Therapy service relies increasingly on the ability to respond quickly to the market change, the clients' requirements and the influences of policy makers, the need to change and to foster innovation in both the clinical and educational setting is of utmost importance. Therefore, the need to update knowledge, gain new skills, reflect on daily practice and the need to be accountable and competent can only be achieved through continuing professional development. CPD is likely to promote a happier and more

motivated workforce who will deliver healthcare more effectively (Castle, 1996).

Types of CPD

CPD may take many forms. The reason behind the following explanation is to demonstrate that it is not just the completion of a course that may lead to any form of accreditation. Alsop (2000) provided a list of possible activities in which individuals might engage in for CPD. These can be divided into formal and informal modes of learning.

Formal learning includes formal studies such as those leading to an MSc, a BSc, an MA and a Diploma. Participation in workshops, research, conferences, lectures, study days, writing articles, and presentation of a paper are also forms of formal learning.

Informal learning may include chairing of meetings, enhancing existing capabilities, facilitating others' learning, secondments, developing new skills, introducing change, presenting papers, coaching and mentoring others, private study with general reading, accessing

clinical databases, the Internet and fieldwork education.

Comparison between Malta and the UK

Professional competence (PC)

In the past, a qualification was seen as a licence to practice that lasts for a lifetime whereas competence decays and does not last forever (Eraut, 1994). CPD will no longer be optional, and sooner or later Occupational Therapists will need to be ready with their portfolios to demonstrate their efforts in CPD and their ongoing competence to practice (Alsop, 2002). Research studies (Watkins 1992, Henwood 1994) suggest that competency regresses in the years following initial qualification, with a half-life of 2-5 years, before being superseded by new developments or becoming obsolete (Henwood 1994). Ashton (1992) argued that professional knowledge could be outdated in less than 5 years post-qualification; hence there is a need for individuals to engage in education activities that will keep them informed on new developments.

PC has been defined as "an ability to perform the tasks and roles required to the expected standard (Eraut, 1998, p32) and as "the outcome of thoughtful self-directed professional development activities " (Crist et al, 1998, p729). Day (1995), suggested that competence was the possession of the necessary skills, knowledge, attitudes, understanding and experience required to perform in professional and occupational roles to a satisfactory standard within the workplace. It could therefore be argued that PC is a perishable commodity and that the acquisition of initial registration qualifications is only the first step towards continuous learning and attainment of knowledge, where 'education is a lifelong process' and the 'professional, a lifelong learner' (Watson 1985).

Breines (1998), emphasised the importance of continuing education and self- evaluation in order to maintain professional status and enhance professional image. In the UK, the Health Act (1999) has paved the way for measures that will require all health professionals to account for their CPD in order to demonstrate ongoing

competence in the professional field. In the UK, the Code of Ethics and Professional Conduct for Occupational Therapists (COT, 2000a) states that:

5.1.1 *"All members of the OT profession have an individual responsibility to achieve and maintain their level of PC and to be aware of current legal issues affecting their practice"*.

5.4 *'Occupational Therapists shall be personally responsible for actively maintaining and developing their personal PC, and shall base service delivery on accurate and current information in the interests of high quality care'*.

5.4.1 *"Occupational Therapists shall undertake CPD"*.

5.5 *'All occupational therapists have a professional responsibility to participate in the education of occupational therapy students, particularly in the area of fieldwork education'*.

5.6 *'Occupational therapists shall promote an understanding of, and research into OT'*.

The College of OT in the UK (2001) set a minimum standard on one half-day each month for all OT personnel for CPD quality enhancement activities, scholarship and research (Ilott & White, 2001). The same College is responsible for monitoring the competence of Occupational Therapists or their fitness to practice. On the other hand, the Code of Professional and Ethical Conduct for Occupational Therapists in Malta (Council for the Professions Complementary to Medicine, 2002) states that:

Statement 4 *"As a professional group, Occupational Therapists are committed to provide the best possible service to patients....."*.

Statement 7.2 *"Occupational Therapists should be accountable for his/ her work"*.

Statement 7.5 *"With reference to his/her profession, every reasonable opportunity should be taken to sustain and improve knowledge and PC"*.

Statement 7.6 *“Additional training/ support when he/ she perceives the need”*

The MAOT statute, article 2.2. states that “Occupational Therapists should aim to establish and maintain professional standards in the practice of OT”. The COTEC code of Ethics state that “Occupational Therapists should participate in professional development through lifelong learning and to apply acquired knowledge and skills in their professional work”.

A major difference between the two countries exists on how professional competence can be achieved. Although it is clearly stated in the UK codes that competence can be achieved through lifelong learning, in Malta this remains very unclear. No specific statement mentions how competence can be achieved. Therefore, I strongly feel that such a statement needs to be included, which would then strengthen statement 4 and 7.5 of the Maltese Code of Ethics.

Legal issues

No references in the Maltese Code of Professional and Ethical Conduct

mentions legal issues related to professional competence. On the other hand, in the UK, the same Code clearly states that OT's should be aware of legal issues if professional competence is not achieved. This clearly shows major differences between the two countries where in Malta professional competence is not being reinforced by legal issues. Rather it is still a free choice for individuals to be engaged in.

Responsibility

The issue of responsibility refers to the question of who should be responsible in making sure that healthcare professionals, in this case Occupational Therapists are being involved in CPD in order to provide the best quality of service. Is it the Occupational Therapist's personal responsibility to be engage in continuing education? While in the UK Occupational Therapists are practically forced to carry out CPD (statement 5.4.1) in-order to keep the OT license, in Malta further education is still a personal decision of whether or not he/ she decides to do so. Therefore, in Malta if an Occupational Therapist does not feel the need to undertake CPD then it is not illegal. This means that while in the

UK, Occupational Therapists are obliged to carry out further education, in Malta it is the individual's decision and responsibility to engage in life long learning is based on personal motivation and willingness.

Moreover the College of Occupational Therapists and Health Professional Council (HPC) in the UK are responsible to monitor competence and fitness of practice. While such a College does not exist in Malta, to my knowledge it is the role of the Board for the Professions Supplementary to Medicine (BPSM) in Malta, which aims to monitor competence and fitness to practice. However, this is only stated on paper and it is not being reinforced. The need to have a responsible body is vital in making sure that all healthcare professionals, including Occupational Therapists, maintain and /or improve professional standards. However, in my opinion it should also be the Occupational Therapists' responsibility to be involved in CPD as is mentioned in the Code of profession in Malta (statement 7.5) and in UK codes 5.4.1.

Getting back to work

Following a career break such as parental/ maternity leave, the need to have a re-training period to gain/ refresh new knowledge and skills in my opinion is essential. While in the UK, the COT has developed what is called a 'Return Pack', to date, in Malta, reduced hours of work and assistance to children (in a few places exists only). No specific program exists for those who want to go back to the working life. One is assumed to be competent and knowledgeable enough to re-start work immediately with no need to follow a training period. This clearly shows the lack of support the Department of Health (Malta) is giving to these persons. Moreover, the importance to be competent at work is taken for granted.

Funding for CPD

There is no automatic right to be funded in order to carry out further education. This seems to be unfair, especially in the UK where every individual is expected to carry out CPD. In Malta, the DH in line with the Manual Staff Developments section offers training initiative schemes to all healthcare employees. Individuals who want to

follow a continuing education programme can apply for 'paid study leave'. This means that a released period is given (with full pay) in order to carry out such programmes. A contract between the two parties is signed where the applicant is bound to work a stipulated period of time with the DH following the course completion. Although the MAOT aims to establish and maintain professional standards in the practice of Occupational Therapy, no funds are available to support its members. Therefore, very minimal support/ funding exists for practising Occupational Therapists. Most of the courses have to be paid by the applicant him/herself through special loans taken from local banks.

Through the University of Malta (UOM), educators/ teachers have been funded to gain further qualifications. This happened in our profession in order to be able to open a degree course. This is supported by WFOT standards that state that educators' qualifications should normally be at least one level higher than those of graduates of the programme. Therefore, it is clearly stated that the UOM is supporting its

lecturers to improve their qualification standards. Moreover, every year full time educators have access to free books, and the purchasing of information technology such as computers and software items. On the other hand, practising staff is being hindered from these benefits in that there are only two full time posts in a team of nine lecturers and financial support from the University is only given to full time employees. Part time lectures have to pay for their own CPD.

This also shows a discrepancy between the two areas of practice. Also, the fact that continuing education programs within the University are very limited and none are related to our profession, the university itself is hindering qualified staff in gaining new knowledge and to further their qualifications. Action programmes developed by the European Union (EU) like Socrates II, Leonardo Da Vinci and EQUAL should be taken into consideration by Occupational Therapists. These programs are funded by EU through the European Social Fund. Although applications for such programs may take long and some are complicated to fill, such an opportunity

should be taken to enhance lifelong learning for Maltese Occupational Therapists.

Portfolios

Chambers Concise Dictionary (1991) defines a 'portfolio' quite simply as a collection of papers. Brown (1995) defined portfolio as "a private collection of evidence which demonstrates that continuing acquisition of skills, knowledge, attitudes, understanding and prospective. It is both retrospective and prospective, as well as reflecting the current stage of development and activity of the individual".

Portfolio is a dynamic tool that indicates change over time and the creator's hopes and plans for the future. This support what Redman (1994) suggested that "*a portfolio is a living, growing collection of evidence that mirrors the growth of its owner*". Therefore, it is not only aimed to demonstrate achievements. It should present an evolving collection of material and observations that constantly relates the past to the present and the present to the future. A portfolio enables the learner to become more reflective, to be able to recognise strengths and

limitations and become more aware of the learning they have achieved (Brookfield, 1995).

It is anticipated that evidence to CPD will be needed for maintaining state registration (Craik, 1997). In the UK, the Code of Ethics and Professional Conduct for Occupational Therapists (COT, 2000) 5.4.2. state that: "*each occupational therapist is responsible for maintaining a portfolio detailing CPD*". In an article published on the OT News, Grooves (2001) said that: "*any one of us could be asked to submit our CPD Portfolio to an official body in support of our request for annual renewal. Any one of us could be struck off the Register and deemed not competent to practice if we cannot prove otherwise*". In fact what Grooves said came into effect last October where the Health Professions Council (HPC) made it clear that Occupational Therapists are expected to demonstrate their continuing competence.

In Malta once registered in the BPSM, you will not get expelled from the registration list if one fails to show evidence for continuing education as

only the curriculum vitae is needed. Action against the individual can be taken if unprofessional conduct and conviction for criminal offenses are made. Therefore, at present there is no need for health care workers to have a portfolio.

However, this issue was and is still being discussed by OTEC and by the MAOT. In fact, 2 workshops on CPD have been already organized and I am sure that further debate will be going on. Also Occupational Therapists who want to work outside the Maltese Islands will need to be ready to show their portfolio. Therefore, I feel that all Occupational Therapists should be ready with their portfolio, as this issue will soon be discussed in higher authorities.

Conclusion

Research studies, statutes, and other literature clearly show that lifelong learning will improve competence, which will also help in gaining new knowledge and skills. However, there is still a discrepancy between what is written and every day reality. Although lifelong learning is quite a new concept, the need to start developing support and

initiatives for Occupational Therapists in the health care arena is of utmost importance. Health authorities and other bodies including the health care system, Department of Health, and national associations are not supporting enough individuals who want to carry out further education. The need to upgrade laws and reinforce present ones is felt. Occupational Therapists in Malta need to further develop this aspect of the Service. This would lead to a better quality of care to both our clients and society itself. Therefore, with an increase in support and by giving more opportunities, OT services and professional competence would surely be maintained and improved.

References

- Alsop, A., & Llyod, C. (2002). The Purpose and Practicalities of Postgraduate Education. *British Journal of Occupational Therapy*, 65(5), 245-241.
- Alsop, A. (1995a). The professional portfolio-purpose, process and practice part 1: Portfolios and professional practice. *British Journal of Occupational Therapy*, 58(7), 299-302.
- Alsop, A. (1995b). The professional portfolio-purpose, process and practice part 2: Producing a portfolio from experiential learning. *British Journal of Occupational Therapy*, 58(8), 337-340.
- Alsop, A. (1997). Evidence -Based Practice and CPD. *British Journal of Occupational Therapy*, 60 (11), 503-507.

- Alsop, A. (2002). Portfolio: Portraits of our Professional Lives. *British Journal of Occupational Therapy*, 65 (5), 201-206.
- Ashton, J. (1992). *Continuing education: study of the professional development of therapists*. Unpublished PhD thesis. Exeter: University of Exeter.
- Breines, E. B. (1998). Redefining professionalism for *Occupational Therapy*. *American Journal of Occupational Therapy*, 42, 55-57.
- British Association of Occupational Therapy. (1990). Code of professional conduct. *British Journal of Occupational Therapy*, 53, 143-148.
- Brookfield, S. (1995). *Becoming a Critically elective Teacher*. San Francisco, Jossey-Bass.
- Brown, R. (1995). *Portfolio development and profiling for nurses*. 2nd Ed. Dinton, UK: Quay Publications.
- Castle, A. (1997). Radiography Managers' views on Continual Professional Development. *British Journal of Therapy and Rehabilitation*, Vol 4, no 7.
- *Chambers Concise Dictionary* (1991). Edinburgh: W and R Chambers.
- Code of Ethics and Profession Conduct (UK 2002). Board for the Professions Supplementary to Medicine.
- Code of Professional and Ethical Conduct (Malta 2000). Ethics Sub-Committee of the Council for the Professions Complimentary to Medicine.
- College of Occupational Therapists (2002): Position statement on Lifelong Learning. *British Journal of Occupational Therapy*, 65 (5), 198-200.
- College of Occupational Therapists (2000a). *Code of Ethics and Profession Conduct for Occupational Therapists*. London: COT.
- College of Occupational Therapists (2000b). *Membership handbook 2000*. London: COT. 36, 40.
- Craik, C. (1997). Review of the Professions Supplementary to Medicine Act 1960: implications for occupational therapists. *British Journal of Occupational Therapists*, 60, (7), 309-314.
- Crist, P., & Wilcox, B.L., & McCarron, K. (1998). Transitional portfolios; orchestrating our professional competence. *American Journal of Occupational Therapy*, 52 (9), 729-36.
- Day, M. (1995). *Putting vocational training into practice*. *Nursing Standard*, 52, 30-32.
- Depoy, E. & Gitlin, N.L. (1998). *Introduction to Research Understanding and Applying Multiple Strategies*. Mosby.
- DOH. (2000). *Meeting the challenge: a strategy for the allied health professions*. London: DH.
- East, K. (2000). Twenty-first century competence. *British Journal of Occupational Therapy*, 63 (1), 1.
- *Education Act of Malta* (2001). Government of Malta .
- Eraut, M. (1994). *Developing professional knowledge and competence*. London: Falmer Press.
- Eraut, M. (1998). Concepts of competence. *Journal of Interprofessional Care*, 12 (2), 127-39.
- European Observatory on Health Care System (1999). *Health Care Systems in Transition: Malta*.
- Fenech, A. (2001). Demonstrating CPD through reflective outcomes. *Occupational Therapy News*, 9 (9), 18.
- Friedson, E. (1988). *Profession of medicine: A study of the sociology of applied knowledge: within a new afterward*. Chicago, IL: University of Chicago Press.
- Gibbens, A. (2002). *Sociology*. 4th ed. Cornwall: Blackwell Publication.
- Greenwood, E. (1957). *Attitudes of a profession*. *Social Work*, 2 (3), 44-55.

- Ham, J., & Fenech, M. (2002). CPD for Occupational Therapists Support Workers. *British Journal of Occupational Therapy*, 65 (5), 227-228.
- Health Act (1999). London. The Stationery Office.
- Henwood, S. (1994). *Managing quality in a diagnostic imaging department*. MSc Dissertation. South Bank University, London.
- Hott, L., & White, E. (2001). 2001 College of Occupational Therapists research and development strategic vision and action plan. *British Journal of Occupational Therapy*, 64 (6), 270-277.
- Jones, D., Blair, S.E.E., Hartery, T., & Jones, R.K. (1998). *Sociology and Occupational Therapy: An integrated approach*. London: Publ. Churchill Livingstone.
- Kemenade, Y. W. Van. (1997) *Health Care in Europe*. Publ: Elsevier/ de Tijdstroom Maarssen, The Netherlands.
- Kielhofner, G. (1997). *Conceptual foundations of occupational therapy*. 2nd ed. Philadelphia: F.A. Davis Company.
- McDonald, R. (2002). Developing a CPD Group on a Social Services Setting. *British Journal of Occupational Therapy*, 65 (5), 216-218.
- Millerson, G. (1964). *The qualifying associations: a study of professionalisation*. Routledge. London.
- Parham, D. (1987). Toward professionalism: The reflective therapist. *American Journal of Occupational Therapy*, 41, 555-561.
- Redman, W. (1994). *Portfolios for development: a guide for trainers and managers*. London: Kogan Page.
- Volmer, H., & Mills, D.L. (1966). *Professionalisation*. Prentice Hall, New Jersey.
- Walsne, K., & Ham, C., (1997). Who's acting on the evidence? *Health Service Journal*, 3, 22-25.
- Watkins, J., & Drury, L., & Preddy, D. (1992). *From evolution to revolution: the pressures of professional life in the 1990's*. University of Bristol.
- Watson, A. (1985). *All change for tomorrow*. Radiography. 51 600 (289-300).
- Youngstrom, M.J. (1998). Evolving Competence in the Practitioner Role. *The American Journal of Occupational Therapy*, 52 (9), 716-720.