

# **Rethinking professional development in higher education**

## **Investigating continuing professional development requirements, commitments, activities and perceptions among allied health academic practitioners**

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## **Abstract**

The changing landscape of Irish higher education institutions (HEI) in response to national and global policy have facilitated a more diverse and heterogeneous work force. Policy advocating for strengthening of links with industry have resulted in increased appointments in HEIs of lecturers with professional or industry links. There are many advantages of a more diverse and heterogeneous work force in HEIs, however, some commentators identify pitfalls for the individual, outlining significant challenges in maintaining continuing professional development (CPD) in both academia and practice. While CPD is acknowledged as an important aspect of professional life, the personalisation of CPD activities to reflect the range of roles in HEIs has not been prioritised. The extent of CPD for academic practitioners in Irish HE is contested in this current work.

Following ethical approval and informed consent, eligible participants were invited to anonymously complete an online survey investigating requirements, commitments, activities and perceptions pertaining to CPD over the previous 12 months; both for their profession in allied health, and in academia. Quantification of time dedicated to CPD activities was investigated by retrospective questionnaire. Qualitative data (perceptions and value of CPD commitments) were captured using open questions.

Responses were received from academic practitioners across six disciplines in allied health. Ninety-six percent of respondents rated engagement with discipline specific CPD as important or very important, with a balance of both formal and non-formal activities preferred. Seventy-four percent of respondents reported dedicating between 8 and 16 hours monthly to CPD activities. Greater than 8 hours monthly was reported as devoted to profession-related CPD by more than 40% of respondents. Fifty-two percent of the cohort had an up-to-date portfolio for discipline related CPD with an additional 29% having a physical portfolio which was in need of updating. Fewer respondents (32%) maintained a portfolio of activity related to academic CPD with an additional 40% in possession of a portfolio, which was not up to date. Obstacles to engagement with CPD were identified - lack of time (79%), workload (83.1%), and lack of financial resource (45.9%). 96% of participants agreed (64% strongly) that the magnitude of the role of academic practitioners put them at risk of burnout. Respondents identified the following potential strategies in support of academic practitioners; financial support for CPD; better alignment between CPD related to academia and profession; mentoring; differing CPD requirements to reflect the range of roles and identities in academia; self-care practices: and time management skills.

Given the diversification of the workforce and the requirement to perform in research and service as well as teaching and maintaining professional practitioner CPD, it seems appropriate to advocate for a fresh approach to CPD in HE. A system built on recognition, inclusivity and transferability of CPD may help to obviate staff stress, absenteeism, burnout and attrition among academics with dual professions.

## **Keywords**

Continuing professional development, academic practitioner, allied health practitioner lecturer, higher education

## 1. Introduction

The Irish higher education (HE) sector is in a state of flux; Irish culture and society have recently been labelled as open-minded, progressive and multicultural (Burke, 2018). However economic unrest caused by the global financial crisis has resulted in national government policy that is austere, focussing on reformation and restoration (Keane, 2018). The Irish government has identified the HE sector as having a fundamental role in repositioning Ireland as a globally competitive nation by driving knowledge economy. In the years preceding the financial crisis, Irish HE institutions (HEIs) remained principally autonomous, governed by what Harkin and Hazelkorn (2014) describe as ‘light touch regulation’. Post-recession, two government strategies were published involving the role of HE within Ireland. These reports, “Investing in Global Relationships: Irelands International Education Strategy 2010–2015” (Department of Education and Skills, 2010), and the “National Strategy for Higher Education to 2030” (Department of Education and Skills, 2011) intimated a disruption to HEI self-governance in favour of moving to a more centrally directed HE approach. They also encourage the strengthening of links with industry (local and global), internationalisation of the student population and increased responsiveness to market trends and needs. Consequently, there have been increased appointments in HEI of part-time lecturers with professional or industry links and also academic practitioners (Boyd & Smith, 2016; Boyd, Smith, & Ilhan Beyaztas, 2015; Smith & Boyd, 2012). This contributed to a shift in the HE landscape in Ireland with a new focus in support of ensuring competence and quality in teaching in line with global, European (Quality and Qualifications in Ireland, 2018) and national policies (National Forum for Professional Development Framework, 2016).

There has been an increase in numbers of staff who have not followed the traditional trajectory (under graduate, postgraduate, teaching assistant, lecturer etc.) to roles in HE arising from a strategy to entice more industry / health practitioners to academic roles (Boyd & Smith, 2016; Boyd et al., 2015; Smith & Boyd, 2012).. There are many advantages of a more diverse and dynamic work force in HEIs. Academic practitioners (AP) are sought by higher education institutions for their ability to leverage networks in industry (Clarke, Knights, & Jarvis, 2012), to bring real-world experience and teaching and learning activities to education (Hancock, Lloyd, Campbell, Turnock, &

Craig, 2007). They are valued for their perceived expertise by the student body (Hartigan et al., 2009), and their professional standing within their discipline (Jarvis & Gibson, 1997; Leigh, Howarth, & Devitt, 2005). Practitioners appointed to academic posts are experts in their respective fields and hold strong practitioner identities developed through professional socialisation (Loftus, Gerzina, Higgs, Smith, & Duffy, 2013; Smith & Boyd, 2012); this is particularly evident in healthcare (medicine, nursing and allied health) (Driver & Campbell, 2000; Fairbrother & Mathers, 2004; Hancock et al., 2007; Hartigan et al., 2009; Leigh et al., 2005; Wright, 2001). The extant literature acknowledges the benefits to both the student body and the academe of academic practitioners (Driver & Campbell, 2000; Hancock et al., 2007; Whitchurch, 2009). However, Fairbrother and Mathers (2004) identify some pitfalls for the individual, outlining significant challenges common across professions; living a dual life, navigating academic culture, maintaining professional culture, combining both aspects of identity and career (professional and academic). Worryingly, the magnitude of the role of academic practitioners (Lathlean, 2007), the potential for burnout (Wald, 2015; Woodrow, 1994) due to unrealistic demands and poor self-care practices (Trotter-Mathison & Skovholt, 2014) have lead some commentators to conclude that the role of an academic practitioner is “not a job for life” (Elcock, 1998). This may be in part explained by the requirement to maintain professional standing and continuing professional development (CPD) in dual roles.

Continuing professional development concerns the “process of tracking and documenting the skills, knowledge and experience gained both formally and informally as you work, beyond any initial training” (Collin, Van der Heijden, & Lewis, 2012). It is a record of what you experience, learn and then apply. CPD is acknowledged as a significant aspect of professional life; and is a prominent issue for Irish HE. CPD is often considered in the context of quality assurance in HE; it is noteworthy however that in an Irish context CPD related to teaching is not mandatory (QQI, 2018), albeit that international and European associations such as the Organisation for Economic Co-operation and Development (OECD), European Commission (EC) , and European Science Foundation (ESF) are asking what HEIs are doing to ensure quality teaching, and how they are actively and strategically preparing staff for a career in HE. The National Forum for the Enhancement of Teaching and Learning (NFETL), established in 2013, is Ireland’s advisory body for teaching and learning in higher education. The

NFETL works in partnership with representative bodies, policy partners, and the wider student, academic and professional services communities, to enhance teaching and learning. The NFETL has identified “Professional Development for Those Who Teach” as one of four strategic priorities to December 2021, and published a framework to support professional development in HE. The framework is buttressed by a number of specified values i.e. inclusivity, authenticity, scholarship, learner-centeredness and collaboration; in support of enhanced and sustained professional development. Its implementation across the HE sector varies, but it is currently an optional framework for those who wish to use it.

While acknowledged that CPD is not mandatory requirement for staff in HE, they are often required to evidence this to achieve progression or promotion in academia. This evidence is requested in a number of other areas in addition to teaching, learning and scholarship; for example research and scholarly output; and service provision. Moreover, the academic practitioner has further commitments to professional practice to which they must attend. The professional bodies for each specialism place demands in relation to ensuring currency of practice (HSPC, 2005; NMC, 2008; CORU, 2016). Specific to allied health academic practitioners, CORU ([http://www.coru.ie/en/about\\_us/what\\_is\\_coru](http://www.coru.ie/en/about_us/what_is_coru)) is Ireland’s multi-profession health regulator, “tasked with protecting the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals”. CORU is comparable to the UK’s Health & Care Professionals Council (HCPC <http://www.hpc-uk.org/aboutus/>). In relation to CPD for health and social care professionals, this means they must “maintain and improve their knowledge, skills and competence, and develop the professional qualities required throughout their professional life”. CPD is an integral component in the continuing provision of safe and effective services for the benefit of service users. It requires engagement by allied healthcare professional in a range of learning activities on an on-going basis, regardless of where that practitioner identifies his / her primary place of employment. These requirements to maintain professional registration vary for different health and social care professionals but include engagement in a range of CPD activities on an on-going basis (completion of 30 CPD credits in a 12 month period, where one CPD point equates to one hour of learning; demonstration that the CPD

activities are relevant to professional role, taking account of current and future practice; and maintenance of an up to date CPD portfolio).

The extent of CPD for academic practitioners in Irish HE is contested in this current work. It is hypothesised that academic practitioners toil to maintain CPD in dual professions (practitioner and academic roles) and that this has implications for professional identity and personal wellbeing. While the changing landscape of Irish HEI, in response to national and global policy, has facilitated a more diverse and heterogeneous work force, the personalisation of CPD activities to reflect the range of roles in HEIs has not been addressed. The contribution CPD commitments makes to the extent of the role in allied health academic practitioners, is worthy of investigation (Barrett, 2007; Boyd & Lawley, 2009). The findings of this research have implications in light of the professionalisation of the academic practitioner in higher education (European Science Foundation, 2012).

## **2. Objectives**

The principal aim of this work is to investigate the challenges of maintaining dual career professional development among allied health practitioners working in academia. This research aims to investigate requirements, commitments, activities and perceptions pertaining to CPD among academic staff necessitated by maintaining dual careers, and to offer insight to management and policy makers in HE on the benefits of a recognised, inclusive and transferable approach to CPD.

## **3. Methods**

Following ethical approval (2018\_12\_13\_EHS, University of Limerick, Education & Health Sciences Research Ethics Committee) an email inviting expressions of interest to participate was circulated to staff in the relevant faculties, for eligible academic practitioners (minimum of two years working in academia with an applied healthcare practitioner background) across six disciplines (clinical psychology (CP), registered dietetics (RD), midwifery and nursing (MN), occupational therapy (OT), physiotherapy (PT), and speech and language therapy (SLT)) in an Irish HEI. Having provided written informed consent, participants were requested to anonymously complete an online survey (Appendix 1), investigating requirements, commitments,

activities and perceptions pertaining to CPD over the previous 12 months both for their profession in allied health and in academia. Quantification of time dedicated to CPD activities was investigated by retrospective questionnaire of CDP activities over the previous 12 months. Qualitative data (perceptions and value of CPD commitments) were captured using open questions.

#### **4. Results**

Responses were received from 31 individuals (male n=3, female n=28) across six disciplines (CP (2), RD (1), MN (7), OT (5), PT (7), and SLT (6)). Table 1 displays years since graduation with over 90% of respondents having more than 10 years post graduate experience. Ninety-three percent of respondents identified their academic institution as their predominant place of employment and 67% of respondents identified themselves as academics (as opposed to practitioners See table 2). All respondents indicated a formal requirement to undertake CPD for their allied health practitioner roles (e.g. for membership of a professional body), but only 18% of respondents indicated a formal requirement to engage with CPD specifically related to their academic role (teaching, learning, scholarship). Ninety-six percent of respondents (n=29) rated engagement with discipline specific CPD as important or very important, with a balance of both formal and non-formal activities preferred (figure 1). Seventy-four percent of respondents reported dedicating between 8 and 16 hours monthly to all CPD activities. Greater than 8 hours monthly was reported as devoted to discipline-related CPD by more than 40% of respondents. When asked about maintaining a CPD portfolio, 52% of the cohort had an up-to-date portfolio for discipline related CPD with an additional 29% having a physical portfolio which was in need of updating. Fewer respondents (32%) maintained a portfolio of activity related to academic CPD with an additional 40% in possession of a portfolio that was not up to date. There was a correlation between years post qualification and CPD activity. The greater time passed since qualification, the fewer hours dedicated to discipline related CPD relative to academic CPD activity. Additionally, those academic practitioners with greater than 10 years post graduate experience identified themselves more as academics than those with lesser post-graduate years, who identified more as a 'Practitioner who teaches'. When asked who or what might benefit most from the engagement of academic practitioners

in CPD respondents identified personal career progression in academia (52%) their students (87%) and colleagues (57%) in relation to academic CPD, and personal career progression in practice (60%), personal career progression in academia (76%) their clients / patients (68%) in relation to discipline related CPD. Obstacles to engagement with CPD were identified where respondents reported lack of time (79%), workload (83%), and lack of financial resource (46%). When asked if academic practitioners felt the expected CPD workload was manageable there was an even divide in response (Yes 50%, No 50%). However, 96% of participants agreed (64% strongly) that the scope and breadth of the role of academic practitioners put them at risk of burnout due to the requirement to maintain CPD in dual roles (discipline and academic). When asked what strategies (if any) in support of academic practitioners would be valuable, respondents favoured financial support for CPD (1.74) better alignment between CPD related to academia and profession (2.0), mentoring (2.33), differing CPD requirements to reflect the range of roles and identities in academia (2.42), self-care practices (2.75) and time management skills (3.58) on a Likert scale where 1 indicated agreement and 5 disagreement.

## **5. Discussion**

If the results of this small scale study can be taken as representative of academic practitioners in HE, they suggest that despite pressures of time, lack of financial support, and the challenge of maintaining CPD in dual professions, academic practitioners consider professional development both in practice and in academia as important. The priority of discipline versus academic CPD seems to change dependent on years post qualification. This may be associated with the requirement to evidence academic CPD for progression or promotion within HEIs. The profile of academic staff in HEIs is changing, with greater representation from staff entering via non-traditional routes (industry, health care associations rather than undergraduate-postgraduate-lecturer-professor). Given the diversification of the workforce and the demands to compete in research and service as well as teaching and maintaining professional practitioner CPD, it seems appropriate to advocate for a fresh approach to CPD that is principled by recognition, inclusivity and transferability. This should alleviate, in part, the challenges, stresses and risks to personal health identified in the extant literature for

academic practitioners (Cam, 2001; Trotter-Mathison & Skovholt, 2014). Academic practitioners acknowledge the need for ongoing professional development, primarily in practitioner facets, but recognise that academic CPD also needs to be addressed. If HEIs chose to implement professional standards for teaching in higher education through the NFETL and the Professional Development Framework, the challenge will be to ensure that all CPD support is wide-ranging and not just targeted at practitioners (e.g. members of a professional registration body) for whom it is mandatory to ‘remain in good standing’. Professional requirements for CPD, in particular, for allied health academic practitioners, requires some recognition of the broadening role, the commitments to CPD and necessitates better alignment between CPD for dual professionals. As well as developing pedagogical skills among the academe, ensuring the subject content is up-to-date is also an important feature of CPD. As identified by the participants in this study, a potential solution may be to explore the synergies between professional development for practice, teaching and for research in HEIs. This research has identified that the mandatory CPD requirements (discipline specific) are prioritised over optional academic development in teaching and learning. This could result in academic practitioners who are discipline specific experts, but lacking the skills in learning and teaching necessary to impart this knowledge to the student population. As previously noted, students value the perceived expertise of academic practitioners (Hartigan et al., 2009), and appreciate their professional standing within their discipline (Jarvis & Gibson, 1997; Leigh et al., 2005). It makes sense, therefore, to recognise all CPD in order to protect the academic practitioner workforce. Maintaining the present circumstance is not a viable option given the acknowledged risks to personal health of maintaining dual career identities and CPD (Cam, 2001; Knights & Clarke, 2014; Trotter-Mathison & Skovholt, 2014) corroborated in this current work. Higher education institutions, with strategic objectives of increasing student engagement (Barlett, 2011; Coates, 2005; Quaye & Harper, 2014) have a duty of care not only for their students, but also a pastoral duty of care for those who teach. Consequences of failing to address this unsustainable current situation could result in rising absenteeism due to staff ill-health (Brew, Boud, Crawford, & Lucas, 2017; Clarke et al., 2012; Crawford, 2010; Heffernan, 2018; Macfarlane, 2011; Murray, Stanley, & Wright, 2014; Smith & Boyd, 2012; Trevitt & Perera, 2009; Whitchurch & Gordon, 2010) which in turn would have financial and human resource implications.

Eraut (2002) and Johnston (1998) make recommendations in support of professional development in academia including suitable combinations of learning environments; appropriate time and space; availability of both learning resources and suitably competent staff to offer support. These works acknowledge that professional learning should be evidenced at all stages of every academic's career; should be related to institutional contexts, and supported by institutional structures and rewards. This current work advances previous recommendations to advocate for an approach to CPD that exemplify recognition, inclusivity and transferability, in acknowledgement of the changing work force in HEIs. Taking into consideration the diversification of academic professions, any proposed CPD framework must acknowledge the cultural and political realities of working with a multiplicity of personalities, disciplines, interests, priorities. There are additional varying cultural patterns not only between institutions, but also between departments and subject groups within those departments. Those teaching, learning and supporting learning in higher education are doing so against a backdrop of continuous change in the Irish higher education sector. Thomas, Harden-Thew, Delahunty, and Dean (2016) called for personalisation of professional development of teaching for a diverse academic workforce. The NFETL professional development framework document may offer opportunities for such a personalised, inclusive approach through the use of its suite of open-access professional development programmes (a digital badge system). Were these open-access programmes ubiquitously recognised, they could allow academics to choose the professional development best suited to their needs, in addition to supporting staff mobility and transfer across the higher education sector.

Professional registration bodies could also look to NFETL professional development framework document to recognise and acknowledge the breadth of roles by their memberships. Specific to allied health practitioners, the registrations bodies necessitate CPD that serves to maintain currency of knowledge and skills for a clinical role, in order to protect service users. It fails to address that many of its membership work in areas extraneous to health care provision and that the CPD requirements in health care provision are not likely to be equally applicable in sectors such as the pharmaceutical industry, business, health journalism or indeed academia. There would be great merit in a common language and mutual recognition of CPD across the breadth of practice.

## **6. Limitations & Future Work**

The authors acknowledge that this small cohort limited to one HEI may not be representative of all academic practitioners. Further research is necessary to corroborate the findings presented in this current work, which is specific to allied health academic practitioners. There are many other professions for whom CPD is mandatory e.g., engineers, second level educators, architects or the legal profession. The issues raised in this work may be common across the professions. This too is worthy of further investigation.

## **7. Conclusion**

The extent of CPD for academic practitioners in Irish HE was contested in this current work. The results suggest that academic practitioners toil to maintain CPD in dual professions (practitioner and academic roles) and that this has implications for professional identity and personal wellbeing, as well as for policy makers in HE. While the changing landscape of Irish HE in response to national and global policy has facilitated a dynamic work force, the current situation regarding the magnitude and scope of CPD activities required to progress dual roles is unsustainable. A system characterised by recognition, inclusivity and transferability is necessary to reflect the range of roles in today's HEIs. Recognition of the broadening responsibility, the many routes of entry for academic staff, the existing commitments to CPD and better alignment between CPD for dual professions is necessary. This may help to obviate staff stress, avoidable absenteeism, burnout and attrition.

## Tables

Table 1 Years since qualification

Up to 5 years	0.0%	0
5 - 10 years	7%	2
10 - 20 years	45%	14
>20 years	48%	15

Table 2 How academic practitioners identify themselves

Academic	68%	21
Teacher	0.0%	0
Researcher	0.0%	0
Administrator	3.2%	1
Practitioner	3%	1
Practitioner who teaches	26%	8
Teacher who practices	0	0

Table 3 Do you keep a CPD portfolio?

	Related to profession		Related to academia	
Yes	52%	14	32%	8
No	19%	5	28%	7
Yes, but not up to date	29%	8	40%	10

## Figures

Figure 1

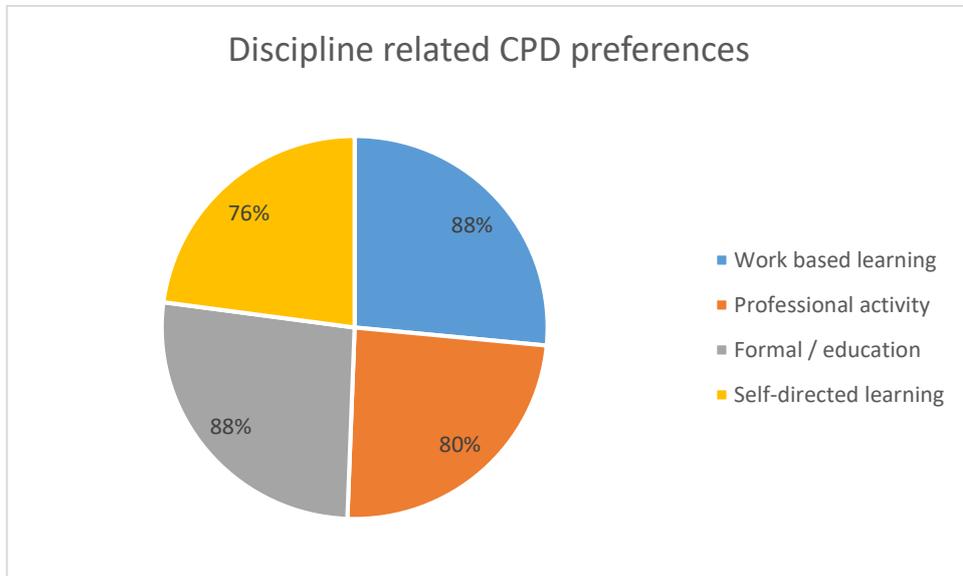
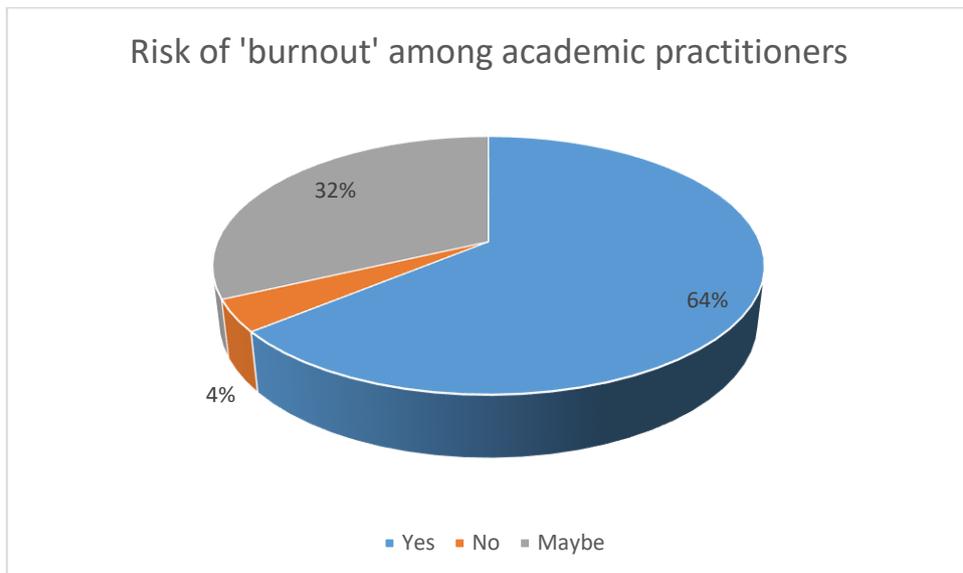


Figure 2



## List of abbreviations

AP	Academic practitioner
CPD	Continuing professional development
DES	Department of Education and Skills
EC	European Commission, and
ESF	European Science Foundation
GDPR	General Data Protection Regulation
HCPC	Health & Care Professionals Council
HE	Higher education
HEI	Higher education institution
NFETL	National Forum for the Enhancement of Teaching and Learning
NFPDF	National Forum Professional Development Framework
NFPDFD	National Forum Professional Development Framework Document
OECD	Organisation for Economic Co-operation and Development
OT	Occupational therapy
PD	Professional development
PT	Physiotherapy
RD	Registered dietitian
SLT	Speech and language therapy
PDP	Personal development plan
PDRS	Professional development review system

## **Declarations**

### *Ethics approval and consent to participate*

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

### *Consent for publication*

Not applicable

### *Availability of data and material*

The datasets used during the current study are available from the corresponding author on reasonable request

### *Competing interests*

The authors declare that they have no competing interests

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