APPROACHES TO CPD MEASUREMENT

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For the International Accounting Education Standards Board,
January 2008
Table of contents

Contents, Figures and Tables  i-iv  
Executive Summary v-vi  

1 Background 1  
1.1 Introduction 1  
1.2 What is CPD and what is its purpose? 1  
1.2.1 Discerning purposes from definitions of CPD 1  
1.2.2 Discerning purposes from compliance policies 2  
1.3 CPD measurement: inputs and outputs 3  
1.4 CPD measurement and different outputs from CPD 4  
1.5 A model of the CPD process and on which to base the CPD measurement model 6  

2 A Model of CPD measurement 7  
2.1 Introduction 7  
2.2 Inspiration for model 7  
2.3 Professional development value 8  
2.4 Overall model 10  
2.5 How the model was used: mapping the cases 12  

3 Mapping the cases 15  
3.1 PDV measurement scale: what the levels mean 15  
3.1.1 Planning 15  
3.1.2 Reflection 16  
3.1.3 Outcomes 17  
3.1.4 Action 19  
3.2 The cases 20  
3.2.1 Chartered Institute of Management Accountants 20  
3.2.2 Construction Industry Council (CIC) 22  
3.2.3 Royal College of Psychiatry (RCPSYCH) 24  
3.2.4 The Southern African Institute of Chartered Accountants (SAICA) 26  
3.2.5 Pharmacy Council of New Zealand (PCNZ) 27  
3.2.6 Chartered Institute of Public Relations (CIPR) 29  
3.2.7 CASE X 31  
3.2.8 Association of Chartered Certified Accountants (ACCA) 33  
3.2.9 The Institute of Information Technology Training (IITT) 35  
3.2.10 Institute of Chartered Accountants in Germany (ICAG) 37  
3.2.11 Institution of Civil Engineering Surveyors (ICES) 39  
3.2.12 College of Pharmacists of British Columbia (CPBC) 41  
3.2.13 CASE Y 43  
3.2.14 Institute of Certified Public Accountants of Singapore (ICPAS) 45  
3.2.15 Institute of Certified Public Accountants of Kenya (ICPAK) 46  
3.3 Scoring process 47  
3.4 Observed routes to various levels 50  
3.4.1 Planning 50  
3.4.2 Reflection 50  
3.4.3 Outcomes 51
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Profiles and paths</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Introduction</td>
<td>52</td>
</tr>
<tr>
<td>4.2</td>
<td>Profile 1: Supporting the reflective practitioner</td>
<td>53</td>
</tr>
<tr>
<td>4.3</td>
<td>Profile 2: Planning for Professional Development Value</td>
<td>55</td>
</tr>
<tr>
<td>4.4</td>
<td>Profile 3: Measuring Outcomes</td>
<td>58</td>
</tr>
<tr>
<td>4.5</td>
<td>Anomalies</td>
<td>61</td>
</tr>
<tr>
<td>4.6</td>
<td>Conclusions</td>
<td>63</td>
</tr>
<tr>
<td>5</td>
<td>Analysis of issues</td>
<td>65</td>
</tr>
<tr>
<td>5.1</td>
<td>Introduction</td>
<td>65</td>
</tr>
<tr>
<td>5.2</td>
<td>General consensus on input vs. output measurement</td>
<td>65</td>
</tr>
<tr>
<td>5.3</td>
<td>Different techniques for output measurement</td>
<td>66</td>
</tr>
<tr>
<td>5.4</td>
<td>Broad approaches to output measurement: self-assessment</td>
<td>71</td>
</tr>
<tr>
<td>5.5</td>
<td>Broad approaches to output measurement: auditing, auditors and assessment</td>
<td>72</td>
</tr>
<tr>
<td>5.5.1</td>
<td>Audit and CPD Output Measurement</td>
<td>72</td>
</tr>
<tr>
<td>5.5.2</td>
<td>Resources Required for Auditors</td>
<td>73</td>
</tr>
<tr>
<td>5.6</td>
<td>The distinction between outputs and outcomes</td>
<td>74</td>
</tr>
<tr>
<td>5.7</td>
<td>Strategically determined directions for professional bodies</td>
<td>75</td>
</tr>
<tr>
<td>5.8</td>
<td>Economically determined directions</td>
<td>76</td>
</tr>
<tr>
<td>5.8.1</td>
<td>Self-assessment and limited audits</td>
<td>76</td>
</tr>
<tr>
<td>5.8.2</td>
<td>Employer Development Schemes</td>
<td>77</td>
</tr>
<tr>
<td>6</td>
<td>Conclusions</td>
<td>79</td>
</tr>
<tr>
<td>6.1</td>
<td>Introduction</td>
<td>79</td>
</tr>
<tr>
<td>6.2</td>
<td>Input vs. output: a reprise</td>
<td>79</td>
</tr>
<tr>
<td>6.2.2</td>
<td>Dealing with the critique of moving to outputs from scientifically oriented practitioners</td>
<td>82</td>
</tr>
<tr>
<td>6.3</td>
<td>Is a balanced approach best?</td>
<td>83</td>
</tr>
<tr>
<td>6.4</td>
<td>Professional Development Value and the public interest</td>
<td>83</td>
</tr>
<tr>
<td>6.5</td>
<td>The future of CPD measurement and ideas for further work</td>
<td>84</td>
</tr>
<tr>
<td>6.5.1</td>
<td>Introduction</td>
<td>84</td>
</tr>
<tr>
<td>6.5.2</td>
<td>Specific output measurement issues for subsets of the membership</td>
<td>85</td>
</tr>
<tr>
<td>6.5.3</td>
<td>Regulatory Impact Analysis, the public interest and decisions on CPD output measurement schemes</td>
<td>86</td>
</tr>
<tr>
<td>6.5.4</td>
<td>General development of the model and testing for robustness</td>
<td>86</td>
</tr>
<tr>
<td>6.6</td>
<td>Final note on recommendations</td>
<td>87</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Literature review</td>
<td>89</td>
</tr>
<tr>
<td>A.1</td>
<td>Introduction</td>
<td>89</td>
</tr>
<tr>
<td>A.2</td>
<td>Background</td>
<td>89</td>
</tr>
<tr>
<td>A.2.1</td>
<td>Paucity of literature on the measurement of CPD</td>
<td>89</td>
</tr>
<tr>
<td>A.2.2</td>
<td>What is CPD?</td>
<td>91</td>
</tr>
<tr>
<td>A.2.3</td>
<td>Precursor and alternative labels for CPD</td>
<td>93</td>
</tr>
<tr>
<td>A.3</td>
<td>CPD Components and CPD Measurement</td>
<td>96</td>
</tr>
<tr>
<td>A.3.1</td>
<td>Introduction</td>
<td>96</td>
</tr>
<tr>
<td>A.3.2</td>
<td>The CPD cycle</td>
<td>96</td>
</tr>
<tr>
<td>A.3.3</td>
<td>Input and Output measurement: A brief overview</td>
<td>98</td>
</tr>
<tr>
<td>A.4</td>
<td>Planning and CPD</td>
<td>99</td>
</tr>
</tbody>
</table>
### Appendix A

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.4.1 Why do it?</td>
<td>99</td>
</tr>
<tr>
<td>A.4.2 How is it done?</td>
<td>100</td>
</tr>
<tr>
<td>A.5 Evaluation of Learning</td>
<td>100</td>
</tr>
<tr>
<td>A.5.1 Training evaluation models</td>
<td>101</td>
</tr>
<tr>
<td>A.5.2 The Kirkpatrick model</td>
<td>101</td>
</tr>
<tr>
<td>A.5.3 Variations on the Kirkpatrick model</td>
<td>102</td>
</tr>
<tr>
<td>A.5.4 Measuring tools and methods</td>
<td>104</td>
</tr>
<tr>
<td>A.6 Reflection</td>
<td>107</td>
</tr>
<tr>
<td>A.6.1 Introduction</td>
<td>107</td>
</tr>
<tr>
<td>A.6.2 Models of reflection</td>
<td>108</td>
</tr>
<tr>
<td>A.6.3 How to measure reflection</td>
<td>109</td>
</tr>
<tr>
<td>A.6.4 What should be measured?</td>
<td>110</td>
</tr>
<tr>
<td>A.6.5 Assessment/measurement techniques for reflection</td>
<td>110</td>
</tr>
</tbody>
</table>

### Appendix B

**Evidence from four countries: Australia, Canada, Ireland and the UK**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1 The surveys</td>
<td>112</td>
</tr>
<tr>
<td>B.2 CPD Policies and compliance requirements</td>
<td>112</td>
</tr>
<tr>
<td>B.3 Measurement of CPD: inputs vs. outputs</td>
<td>114</td>
</tr>
</tbody>
</table>

### Appendix C

**Case studies**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1 Methodology of case studies</td>
<td>119</td>
</tr>
<tr>
<td>C.2 CIMA</td>
<td>119</td>
</tr>
<tr>
<td>C.3 CIC</td>
<td>122</td>
</tr>
<tr>
<td>C.4 RCPSYCH</td>
<td>125</td>
</tr>
<tr>
<td>C.5 SAICA</td>
<td>127</td>
</tr>
<tr>
<td>C.6 PCNZ</td>
<td>129</td>
</tr>
<tr>
<td>C.7 CIPR</td>
<td>132</td>
</tr>
<tr>
<td>C.8 Case Study x</td>
<td>134</td>
</tr>
<tr>
<td>C.9 ACCA</td>
<td>136</td>
</tr>
<tr>
<td>C.10 IITT</td>
<td>138</td>
</tr>
<tr>
<td>C.11 ICAG</td>
<td>140</td>
</tr>
<tr>
<td>C.12 ICES</td>
<td>141</td>
</tr>
<tr>
<td>C.13 CPBC</td>
<td>143</td>
</tr>
<tr>
<td>C.14 Case study y</td>
<td>146</td>
</tr>
<tr>
<td>C.15 ICPAS</td>
<td>149</td>
</tr>
<tr>
<td>C.16 ICPAK</td>
<td>I49</td>
</tr>
</tbody>
</table>

### Appendix D

**Bibliography**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>151</td>
</tr>
</tbody>
</table>

### Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Example of a CPD cycle (Adapted from RPSGB ‘A Journey Round the CPD Cycle’, 2004: 7).</td>
<td>6</td>
</tr>
<tr>
<td>2.1</td>
<td>Initial prototype model</td>
<td>8</td>
</tr>
<tr>
<td>2.2</td>
<td>Eventual basic structure for the model</td>
<td>9</td>
</tr>
<tr>
<td>2.3</td>
<td>The Model</td>
<td>14</td>
</tr>
<tr>
<td>3.1</td>
<td>Measurement scale for planning</td>
<td>15</td>
</tr>
<tr>
<td>3.2</td>
<td>Measurement scale for reflection</td>
<td>16</td>
</tr>
<tr>
<td>3.3</td>
<td>Measurement scale for outcomes</td>
<td>17</td>
</tr>
<tr>
<td>3.4</td>
<td>Measurement scale for action</td>
<td>19</td>
</tr>
<tr>
<td>A.1</td>
<td>Example of a CPD cycle (adapted from RPSGB ‘A Journey Round the CPD Cycle’, 2004: 7).</td>
<td>88</td>
</tr>
</tbody>
</table>
### Tables

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1</td>
<td>Components of Definitions of CPD</td>
<td>93</td>
</tr>
<tr>
<td>B.1</td>
<td>Summary of PARN surveys of Professional Bodies</td>
<td>112</td>
</tr>
<tr>
<td>B.2</td>
<td>CPD policies and types of compliance requirements</td>
<td>113</td>
</tr>
<tr>
<td>B.3</td>
<td>Changes in CPD compliance policies between 2003 and 2006</td>
<td>114</td>
</tr>
<tr>
<td>B.4</td>
<td>Measurement of CPD participation</td>
<td>115</td>
</tr>
<tr>
<td>B.5</td>
<td>Basis for input Measures of CPD participation</td>
<td>115</td>
</tr>
<tr>
<td>B.6</td>
<td>Methods of gathering evidence of CPD participation</td>
<td>115</td>
</tr>
<tr>
<td>B.7</td>
<td>CPD measurement philosophy by size of professional body</td>
<td>116</td>
</tr>
<tr>
<td>B.8</td>
<td>CPD measurement philosophy by sector</td>
<td>117</td>
</tr>
<tr>
<td>B.9</td>
<td>CPD measurement by income</td>
<td>117</td>
</tr>
</tbody>
</table>
Executive Summary

In this work we explore approaches to CPD measurement across a range of professions. Examples are provided of good practice in terms of output-based approaches to CPD measurement. At the heart of this work is a model of CPD measurement, approaches and techniques that allows them to be evaluated in terms of their contribution to the measurement of what we have labelled professional development value (PDV). While we generally recommend that professional bodies adopt output measures for CPD and measures which identify higher PDV, we do not straightforwardly recommend specific techniques or approaches to output measurement as appropriate for all professional bodies in all circumstances. This is because the concept of CPD is itself complex and the purposes it serves are not the same for all professional bodies. What we do recommend is that professional bodies must be clear about what purposes they expect their CPD policies and programmes to fulfil and what their relative priorities among these purposes are, in order to decide which CPD measurement schemes are appropriate. In addition we have found few cases of substantial experience with other than the most basic output-based measurement schemes. The technology is evolving. Examination of more cases and an increase in experience among pioneers is required in order to make firm recommendations. The model developed in this report can facilitate professional bodies in making links between CPD purposes and different measurement techniques and approaches.

CPD is a complex phenomenon with multiple and changing purposes. These different and changing purposes are reflected in the various ways CPD is measured. In order to adequately describe CPD measurement techniques and approaches in a manner which will encourage practices of different professional bodies to be benchmarked with each other, a complex model is developed in chapter 2. The model is based on a view of the process of CPD based on the ‘CPD cycle’ derived from the Kolb cycle of experiential learning, that is becoming widely accepted among professional bodies. This includes explicit reference to measuring the extent of planning and reflection as well as participation in CPD activities and it explicitly distinguishes CPD outcomes: learning and behaviour outcomes as well as practice and organisation outcomes.

The model is then used to analyse 15 cases in chapter 3 and to develop profiles of types of approaches to output measurement of CPD in chapter 4. The range of profiles demonstrated in this chapter shows the value of the complex model, it demonstrates clear differences in approaches to output measurement of CPD connected to different views of the purpose of CPD. If CPD is primarily for the personal and professional development of individual practitioners themselves, then planning and reflection outputs are important and a sub-set of the cases clearly demonstrate profiles dominated by these processes. However, if the purpose of CPD is to maintain competence and to demonstrate that competence is being maintained, then output measures that emphasis outcomes are important as seen with a sub-set of professional bodies, all from the medical field.

In Chapter 5, general issues surrounding CPD measurement are discussed, including views from the cases on the advantages and disadvantages of output measurement. Some of the views expressed are extremely positive, almost in the form of epiphany. However we note that the cases represent a biased sample on this issue. We then discuss case experiences with a range of techniques for output measurement and their relative merits. We found self-assessment combined with some form of audit of CPD records to be the most popular approach to output
measurement. Self-assessment is relatively inexpensive, relatively acceptable to individual professionals and provides both a degree of competence evidence beyond input measures as well as supporting the broad purpose of CPD to enhance personal and professional development of practitioners. However, its credibility does require some form of audit in order to validate the self-assessment, and this can be expensive. We also discuss factors that would limit further development of output based CPD measurement schemes both strategic and resource-driven. We highlight the problem that output based measures as currently practiced can give the impression of delivering more than is really achieved.

Finally in the concluding chapter we reprise advantages and disadvantages of input and output approaches. We address specific issues – output measures and the public interest, advisability of a balanced approach – and provide a number of ideas for future research.
Chapter 1  Background

1.1  Introduction

In this work we explore approaches to CPD measurement across a range of professions. Examples are provided of good practice in terms of output approaches to CPD measurement. At the heart of this work is a model of CPD measurement, approaches and techniques that allows them to be evaluated in terms of their contribution to the measurement of what we have labelled professional development value (PDV). While we generally recommend that professional bodies adopt output-based measures for CPD and specifically those which identify higher PDV, we do not straightforwardly recommend specific techniques or approaches to output measurement as appropriate for all professional bodies in all circumstances. This is because the concept of CPD is itself complex and the purposes it serves vary between professional bodies.

In the next section, issues concerning CPD measurement are put into perspective with a discussion of the complex and varied nature of CPD. Because the purposes of CPD are multiple, what is to be measured and the methods of measuring it are also complex and varied. In addition it is emphasised that CPD is a rapidly developing phenomenon, and this affects the methods by which it is currently measured. With these issues in mind the concepts input and output-based CPD measurement are introduced, and the different purposes of CPD related to different methods of measuring CPD outputs.

1.2  What is CPD and what is its purpose?

1.2.1  Discerning purposes from definitions of CPD

The following commonly used definition of CPD was developed as far back as 1986 by the Construction Industry Council in the UK. However, Friedman et al. (2000) found that it was still the most commonly cited definition of CPD among UK professional bodies in 1999.

‘The systematic maintenance, improvement and broadening of knowledge and skills, and the development of personal qualities necessary for execution of professional and technical duties throughout the individual's working life’.

Within this definition some of the multiple purposes of CPD can be observed:

- On one hand CPD is concerned with maintenance of knowledge and skills. More recently this would be summarised as maintaining one’s competence or competencies; in other words, CPD is about keeping up-to-date.

- A second purpose of CPD is the improvement and broadening of knowledge and skills, that is, that CPD is intended to support future professional development.

- A third purpose of CPD is the development of personal qualities necessary to execute professional and technical duties; such personal qualities as may be needed to achieve the first two purposes.
The label ‘CPD’ was specifically chosen to embrace these differences in the purpose of post professional qualification development. Gardner (1978: 2-3) wanted the label to embrace informal, or incidental learning which would normally be achieved as part of actual practice. CPD was chosen because it did not suggest a divide between education and practice. The term CPD was intended as a more formal and more public way of organising what professionals did informally anyway.

A further aspect of the multiple purposes of CPD relate to who is the intended beneficiary of CPD. The second purpose above relates largely to the individual professional as the beneficiary. CPD supports individual professionals in developing and broadening their knowledge and skills, which can then support their career development. The third purpose benefits individual professionals, but also impacts on clients and employers. The first purpose clearly benefits clients and employers, but also contributes to the reputation of the profession as a whole and the professional body as well as the general public good. In fact all these purposes can benefit these wider stakeholder groups, though perhaps the second and third purpose benefits them less directly.

While at least the three different purposes listed above are contained in this popular definition of CPD, it must be recognised that not all professional bodies define CPD in this way (Friedman et al., 2000: 47). In particular a substantial proportion did not define CPD as systematic or planned. Also, a number of professional bodies include other characteristics to their definition of CPD. For some CPD is explicitly for the benefit of stakeholders beyond the professionals themselves: the profession, the professional body, employers, society or the general public. For others the ‘nature’ of CPD is specified.

In the model of CPD developed in this paper, CPD is viewed as a process which involves different phases. Some professional bodies regard all of these phases to be the responsibility of individual practitioners and outputs from them are assessed by professionals themselves. Other professional bodies expect practitioners to assess their CPD in relation to only one or two of these phases, and fewer still audit these returns. On the other hand, some professional bodies have taken on responsibility for the support of selected phases in detail and provide not only the service of output measurement of one or more phases in the process, but also take responsibility for the output itself, not only by provision of CPD events of learning opportunities, but also by providing detailed formats that shape the output contributions of individual practitioners. Examples of these different approaches are provided in the case study descriptions (appendix C).

1.2.2 Discerning purposes from compliance policies

According to survey data in Appendix B, between a quarter and almost half of professional bodies in the four countries surveyed had voluntary CPD compliance policies. It is likely that those professional bodies with voluntary policies regard CPD as primarily a way of supporting the personal and professional development of individual practitioners. On the other hand between a third and three quarters of professional bodies in those countries had either a compulsory policy or a mixed policy (which almost always was a mixture including compulsory CPD for some category of membership of the professional body). These professional bodies are likely to be leaning more towards CPD as a means for maintaining competence.
Regarding CPD as the responsibility of individuals will often be expressed either as a voluntary policy towards compliance with the CPD activities offered, advertised or accredited by professional bodies, or as what is known in some countries as an ‘obligatory’ policy, one whichformulates CPD as an obligation of the individual professional. It is interesting that a substantial proportion of professional bodies regard CPD compliance as obligatory. For those unfamiliar with the world of CPD and even for many within it, the distinction between compulsory and obligatory CPD is difficult to grasp.

Obligatory CPD is a traditional approach. It arises from the heart of the traditional relationship between professionals and the organisations that represent or regulate them, that is, in terms of a professional code of ethics or code of conduct. The code contains a series of professional obligations, owed primarily to clients/patients, but also to society, to the profession and to other stakeholders. As noted in Appendix B obligatory policies towards CPD are not recognised in Canada, but are quite common in Australia. In the UK and Ireland they appear to be declining. One would expect those with an obligatory policy also to consider CPD as a matter of keeping up-to-date and maintaining competence as these are phrases that are often included in ethical codes (see Friedman et al. 2005).

1.3 CPD measurement: inputs and outputs

Roughly between 20% and 40% of professional bodies in the four countries surveyed as shown in Appendix B have no formal measurement scheme. These tend to be smaller professional bodies with voluntary policies.

Traditionally those that have measured CPD participation have done so in terms of inputs. The most common input schemes have been to specify a certain number of hours of CPD per year or a certain number of hours over a longer time period with a minimum per year. Some professional bodies limit what counts as CPD to certain activities, such as attending events organised by the professional body or training offered by accredited agencies. Others allow individual professionals to count informal activities such as reading journals or other forms of private study. A development of input based systems involves converting hours into points with some activities counting for more points than others, for example giving a paper at a conference would count for more than merely attending.

As noted in the literature review (appendix A), input-based measurement of CPD has been considered inadequate by many. Input-based CPD schemes do not directly indicate whether any learning, change in behaviour on the job, or impact on the organisation has taken place or is likely to occur. Measuring only inputs appears to be based on the idea that whatever is done under the CPD scheme is useful for achieving the purposes of CPD. This presumes that all CPD activities allowed under the scheme will be of sufficient quality to lead to professional development and that the individuals attending will be sufficiently attentive and receptive to reap the benefits. However, even though an input-based approach does not indicate whether learning has taken place, it does provide an easily quantifiable record of participation in CPD which can give grounds for sanctions where necessary. It is relatively cheap to implement, and does not require a high level of resources to maintain.

In the past there has been a link suggested between CPD compliance policies and whether CPD is measured by inputs or outputs. Rapkins (1996) basing her conclusions on work carried out in the early 1990s, distinguished a benefits approach
to CPD from a sanctions approach. The purpose of the benefits approach was to raise the status and profile of the professional body and of the sanctions approach was to demonstrate that members are up-to-date. According to Rapkins, newer professional bodies tended to adopt a benefits approach with CPD being voluntary and output-based. Older, more established professional bodies, particularly regulatory bodies, tend to adopt the sanctions approach, with compulsory compliance policies and input-based. This appears to be counter-intuitive. One would expect, if the aims are to demonstrate that skills are up-to-date that an output approach would be preferred. However, recognising that input approaches are easier to quantify than an output-based approach, cheaper to maintain and that in the early 1990s they were far better understood, the connection becomes more understandable.

There are serious drawbacks to measuring CPD by outputs due to the greater resources required to do so and the difficulty of measuring outputs accurately, particularly if the output of concern is changes in professional practice resulting in improvements to client/patient care or organisation performance. The effects of CPD on these outputs are difficult to isolate from other factors.

Another thing that has held back output measures of CPD has been the difficulty of defining what the outputs are that CPD is intended to produce. There are differing opinions as to what measurement of CPD is intended to indicate and this is bound up with differing views of the purpose of CPD and the very notion of what CPD is. Output of CPD can refer to measuring the extent to which and how well professionals are maintaining as well as developing and broadening both competence as well as personal qualities. That CPD may have to be judged in terms of the degree to which it is systematic or planned, and that it may involve a range of beneficiaries of those outputs: beneficiaries who are likely to be interested in different outputs, or a different balance or pattern of outputs, than individual professionals themselves.

In addition there is the problem of output-based CPD measurement being a relatively new phenomenon. The technology of output measurement is not well developed, particularly in relation to baselines of expected practice or organisational performance against which changes due to CPD can be measured. However, this situation is changing.

As the Case Studies provided in appendix C demonstrate, new experiences with output-based CPD measurement are emerging and as they do, new techniques and approaches are being developed from which others can learn.

1.4 CPD measurement and different outputs from CPD

Measurement of CPD outputs is a relatively new activity. It is not well understood and the extent to which it takes place is not well known. Many professional bodies have not even thought that is something they could do and they are unaware that others are doing it. In addition there are many different ways of measuring CPD by outputs. In part this is because there are many different things that may be regarded as the outputs desired of CPD. This reflects many different views of what CPD is or what is should achieve. In addition there are different levels of effort that can be put into CPD measurement and this leads to different levels of detail and rigor among those that have attempted to measure CPD by outputs.
However it is in relation to the object of CPD that differences in definition have particularly important consequences for CPD measurement. Which of the following is the object of CPD?

- To improve the capacity of professionals in terms of their technical and scientific knowledge
- To improve the personal and ethical capacities of professionals
- To ensure professionals fulfil their responsibilities and tasks or duties
- To allow professionals to improve their performance in their current role
- To allow professionals to take on new roles
- To improve career prospects with current employers or in current practice
- To support career progression to new employers or in different practices

For the last two of these there is also an underlying tension between whether CPD should support new roles and career progression for professional employees within their current organisation or to support what is best for their career, which may be outside the organisation.

Methods by which one might measure improvements to skills, knowledge, competencies, or expertise can be very different from those which could effectively measure personal qualities, attitudes and capabilities. Methods of measuring higher performance in current roles can be different from those used to measure ability or competency for taking on new roles. The methods one may measure contribution to existing organisational goals may be very different from how one may measure ease of transfer between organisations.

In terms of the tension between CPD as primarily personal and professional development, and CPD as a means for professionals to maintain and develop their knowledge, skills and competence, we suggest that CPD is intended to be both and that output measures should be capable of reflecting both aims. We must develop a model of CPD output that takes into account both types of aims or objects of outputs of CPD. In addition we must develop a model which accommodates current and future changes in the techniques of output measurement.
1.5 A Model of the CPD process on which to base the CPD measurement model

In order for the different purposes of CPD to be taken into account in the model of CPD measurement developed in the next chapter, we believe it is essential to appreciate what is known as the CPD cycle. The background for this cycle and justification for its use are presented in Appendix A. Here we reproduce the model of this cycle from the Appendix.

![CPD Cycle Diagram](adapted from RPSGB ‘A Journey Round the CPD Cycle’, 2004: 7).

There are other models of the CPD cycle around. Some, for example break down the planning phase into identification of gaps in current competencies in relation to needed competencies, and development of procedures to fill those gaps. However four phases are the most common number and we begin our development of a model of CPD measurement in terms of four phases in the next chapter.
Chapter 2  A model of CPD measurement

2.1 Introduction

Few organisations actually measure CPD by outputs, and those that have an output-based system usually only require ‘evidence’ of output; the quality or standard of this output is rarely ‘measured’ in any systematic manner. Most professional bodies still only ask for a record of activities, without regard to the quality or impact of those activities. Very few require objective evidence of learning or change in behaviour, still fewer require evidence of the effectiveness of the learning or changing behaviour on the impact this has on services delivered to clients.

Many professional bodies have a notion of standards or quality of output submitted, but do not have a structured or defined set of criteria or scale for determining this standard. The standard of CPD records seems to be determined generally in a simple manner: adequate or not adequate. Even this decision tends to be made rather subjectively.

There is however, great diversity in the level of robustness and accuracy of CPD measurement systems and their ability to identify what we have labelled the ‘Professional Development Value’ (PDV) of the CPD for an individual. The proposed model acts as a framework to illustrate the sophistication and effectiveness of various measurement techniques evident in the case studies, and to provide a scale for comparison of the cases investigated, as well as a benchmarking tool for any professional body interested in evaluating (and improving) their scheme.

The purposes of CPD are multiple, complex and contested. In addition, the relative importance of different purposes is changing. Any general model that can be used to guide professional bodies in deciding how to measure, and how to conceive of measuring the outputs of CPD, must allow for these complexities. They affect how CPD outputs are defined and therefore how they can, or should, be measured. In addition there needs to be an appreciation that the purposes of CPD are changing and that outputs are likely to be measured differently in future. We must therefore build into the way we look at output-oriented measures of CPD, some idea of how these output measures are developing and are likely to develop in future. The model presented in this chapter is designed to accommodate these requirements.

2.2 Inspiration for model

What came out of the literature review was the centrality of the Kolb cycle of experiential learning, or some adaptation of it, to modern CPD schemes. Simply employing the cycle (planning, action, learning, reflection – or further elaborations along these lines such as adding application of learning) indicates a move towards output-based CPD, even if no measurement takes place. For this reason, it was decided that our model of CPD measurement must have the CPD cycle at its heart.

Building a system of CPD measurement on this cyclic model would mean that there would be an individual system of measurement for each phase of the cycle. It was noted that it was crucial that each phase of the cycle individually was recognised as valuable in its own right, and that this must be taken into consideration when developing a comprehensive model of CPD measurement. If this were not to be done, a potentially crucial impact of an element of the CPD could be neglected in the
measurement system. It was presumed that in order to identify measures of CPD that would actually indicate whether the purposes of CPD were being achieved, each individual phase of the cycle had to be completed to a certain standard, because each phase influences the next phase: for example, without reflection, planning will not be as well informed as it could be and hence plans would not be as effective as they could be.

While there is relatively little literature focused specifically on measuring CPD, there is considerable literature on what we regard as essential components of CPD, based on the idea of the CPD cycle. We therefore drew on literature on methods of measuring planning, learning and reflection, outside of the context of CPD. This literature suggested that there were diverse methods and tools which could be used for measuring each specific phase of the cycle which can provide a range of degrees of accuracy and reliability. We believe that most professional bodies are unaware of such methods for measuring knowledge, planning or reflection and that this may be attributed to a lack of literature on CPD measurement.

Originally we had anticipated developing a single linear scale of finer and more valid measures of CPD output. However, our appreciation of the importance of the CPD cycle and of the very different nature of each of its components led us to develop the model with different scales of measurement for each phase of the cycle. Our first attempt at designing such a model is shown as Figure 2.1. This prototype model had four ‘rays’, one for each phase of the CPD cycle as we perceived at that time.

After further consideration of the literature, however, it became obvious that this model did not entirely reflect the true complexities of accurate and thorough CPD measurement. Considering the theories of Kirkpatrick and Guskey, and the methods employed by training providers to attempt to measure learning, it became clear that the learning phase of the CPD cycle could not be measured singularly. Within the learning evaluation phase of the cycle, we found that it was imperative, not only that the change in knowledge or skills was measured, but that the impact of that
knowledge was measured. Drawing from Kirkpatrick’s four levels of training evaluation, we incorporated levels into the learning phase by creating three rays in the place of the previous one. The output of learning is multidimensional, and this must be reflected in the model if it is to be effective. Organisations could choose to measure one or all of these, depending on their objectives.

It became apparent that for the purposes of CPD, learning outcomes should not simply be measured by increases in knowledge, but that it was important to measure the impact of learning on the behaviour of professionals and on the conditions of other stakeholders and institutions, that is, on the impact of CPD activities on clients and employers as well as organisational features such as profitability and sustainability. The model looks like that shown in Figure 2.2. We have summarised the impact of knowledge and behaviour on stakeholders and institutions as ‘results’ in this representation of the model.

![Figure 2.2](image)

**Figure 2.2**

Eventual basic structure for the model

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### 2.3 Professional Development Value

What is it that we are evaluating the various elements of the model against? What does it mean to be at a ‘higher’ level of output measurement scheme? The overall criterion by which aspects of CPD output measurement schemes are being judged is the notion of a scale which indexes output measurement techniques, approaches and overall schemes in terms of their ability to reliably and accurately detect and measure the achievement of aims or purposes of CPD in the broadest sense. We may summarise this as the ability of the output measurement scheme, and parts of it, to identify and measure the professional development of a practitioner, not only for their own personal and professional development but also for their development as a ‘true professional’ as someone who is both ethically and technically competent and
who is both capable of delivering professional services to a standard expected of a professional in their field, and who actually does so. Putting it another way, we are aiming to develop a model which will help to indicate what measurement techniques are more or less effective at measuring the effect of pursuing CPD activities on the purposes of CPD. Specifically the purposes of CPD can involve all three of those derived from the common definition of CPD outlined in chapter 1. These are: the maintenance of skills and knowledge and competency; the improvement and broadening of knowledge, skills and competency; and the development of personal qualities necessary to execute professional and technical duties. Implied behind all three of these purposes is that CPD will support the professional in delivering competent services to clients and employers.

This is the concept behind the phrase we use to indicate the overall purpose of CPD; that is, the professional development value or PDV of a CPD scheme. If a CPD circuit (one progression through the cycle) has a large impact on the individual’s professionalism, it can be said to have a high PDV. Ideally, a measurement technique will be capable of detecting the correct PDV of a CPD circuit and of particular phases of the CPD cycle. Output measures have the capability of identifying PDV, and the model illustrates the extent to which various types of output measurement fulfil this capability.

The scale on the proposed model of CPD measurement will act as a gauge of how well the particular measurement technique can accurately detect the real PDV for an individual. We must emphasise that individuals may derive high professional development value - may achieve the purposes of CPD to a high degree – without it being detected by an output measurement system. They may even achieve the purposes of CPD without following any formal CPD programme at all. However, we do regard the output measurement system as potentially leading to PDV in itself. Following the measurement system can develop certain professional habits, such as reflection and planning as well as encouraging professionals to follow up and apply experiences of CPD activities in practice situations. While there is a complex relationship between any measurement system and what is being measured, there is one outcome of CPD output measurement systems that is almost exclusively attributable to the measurement system itself. That is the ability of the measurement system to be used as evidence that the purposes of CPD are indeed being pursued, that professional development is not only being pursued, but also that it can be seen to be pursued.

Each level on the scale for each phase of CPD will therefore represent a level of accuracy of the measurement of PDV, and so the position of a particular measurement technique on the scale will be referred to as the PDV measurement level: the level indicating the accuracy of PDV measurement.

The ‘accuracy’ of a measurement system in identifying PDV can be broken down into two related considerations:

1. The accuracy with which the measurement system can distinguish between different PDVs; and
2. The highest PDV it is capable of detecting.

Point two needs some explanation. It can be illustrated by reference to input measurement, and its inability to discern higher PDVs. Input measures can only (at best) demonstrate that something was done, but the value or impact of that activity cannot be detected. Input measurement is obviously at the low end of the scale, but there is a range in the ability of output measures to perform this function. For
example, a simple output measurement at the outcomes phase of the CPD cycle is self-assessment against learning objectives; simply stating whether or not they have been met. This measurement system can detect only low, or rather, generic PDV, that is, that there has been some impact or value. But it does not reveal what kind or how much impact it has had: how well it has improved practice or specifically how and to what extent it has had an impact on clients, and it does not identify any unexpected outcomes beyond those stated in the learning objectives.

CPD may have resulted in huge PDV for a particular individual, but an output measurement at this lower level could not identify the magnitude of this value. This individual could not be set apart from someone else for whom there had been a much lower PDV even though output objectives had nevertheless been met. A measurement technique positioned at a higher level on the scale can make this distinction. This distinction is also of further benefit as it will add to the PDV for the individual as they will have a better idea of where they are and what they need to do in order to keep up professionally. Finally it will be of further benefit to other stakeholders, by revealing a higher level of PDV achievement among professionals in that field (as long as most do in fact achieve this higher level of PDV).

2.4 The Overall Model

Figure 2.3, shown at the end of this chapter, illustrates the model of CPD measurement and the PDV measurement level scale.

The circular model represents the CPD cycle with a ‘ray’ for each phase of the cycle:

- Planning
- Action
- Outcomes, which includes:
  - Knowledge (change in knowledge)
  - Behaviour (change in actions of individuals, change in practice)
  - Results (impact resulting from change in behaviour or practice, such as effect on clients, organisation change, impact on reputation, higher level of productivity or profitability)
- Reflection

The ‘outcomes’ ray on the model splits into three to represent that by using output measures, it is possible to measure at least these three distinct categories of outcome.1 Although they are distinct, and indeed each valuable in themselves, they do, in a sense, form a natural sequence. One would assume that the first level of outcome would be to gain new knowledge. It would be the first to be achieved and the lowest in terms of overall purpose of CPD. The second level would be to implement that knowledge and hence create behavioural outcomes or a change in

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1 Most organisations in this study do not currently measure these three distinct categories of outcome, but simply measure outcome generically. It is however important to retain the three rays on the model to correctly represent those that do, and to signify the potential for this valuable distinction as a future development to many existing schemes. Because of the general lack of this distinction, the tables in chapter 3 do not include each outcome category separately, but measurement schemes at the outcomes stage are given a general score included in the table. On the mapping diagrams in chapters 3 and 4 however, variations are shown where this distinction is made.
practice after the knowledge is acquires. The highest and most long term level outcome would be for that change in behaviour to contribute to professional services outcomes, those that made a demonstrable difference to client well-being or to organisation goals.

Each ray has a separate scale to cater for the different measurement techniques applied to the different phases of the cycle. Any one of the rays in isolation would not accurately indicate an individual’s proximity to the ideal impact of CPD on professionalism, and neither can there be one linear scale on which PDV could be measured. It is a far more complex process than this. Measurement of PDV in general can be gauged through the combined measurement of each phase of the CPD cycle. In theory, measurement along any one of the rays is a type of micro-measurement, which contributes to the overall macro-measurement of PDV, but the contribution will not necessarily be additive or consistent. For example, it may be that higher levels on reflection contribute by a greater degree to overall macro-measurement of PDV when they are combined with higher levels on planning, than when they are combined with lower levels on planning. Reflection can lead to changes in plans for the better and this will be easier if plans are connected to practice characteristics and ambitions, such as through a competency framework. The combination may be multiplicative rather than additive here. However, combinations of planning and outcomes may be merely additive in that planning may support professionals to achieve learning, behaviour and results outcomes, planning does not in itself enhance those outcomes. This is an aspect of the model that has not been pursued here, but that may make an interesting subject for future work.

On each ray, there are five main PDV measurement levels, marking significant points in the progression of the accuracy of the measurement system. Due to the important diversity of measurement techniques for each phase of the cycle, these levels signify different things for each phase. The criteria for each phase of the CPD cycle are detailed in chapter three.

The general significance of each level however is this:

1. input
2. input/output barrier
3. output measurement of increasing sophistication and accuracy
4. 
5. 

The transition from input to output measures is illustrated on the model by the inner circle. The outer circle represents the ‘frontier’ of CPD measurement: the most sophisticated output measurement system that can currently be envisaged by professional bodies. This circle marks the potential of measurement schemes in the current environment.

It is crucial to clarify that the model is not representative of an individual’s CPD output or their PDV, nor is it representative of the professional body’s CPD scheme as a whole. It is an indexing tool for the effectiveness of CPD measurement systems.
2.5 How the model was used: mapping the cases

In the next chapter, the information gathered from the case studies will be illustrated on the model, by plotting the position of each case study regarding their measurement of planning, action, outcomes and reflection on each ‘ray’ and joining up the points in the form of a ‘radar diagram’ to form a ‘star’ shape. The position on each ray will be determined by the potential of the measurement system to accurately identify a specific PDV.

Because there is a great deal more to the measurement of output than simply the type of measurement technique such as self-assessment for example, the position of a measurement system on the scale will encompass all aspects as well as contributing and supporting factors to the measurement which increase its accuracy and effectiveness.

Case studies were scanned for any features that would affect how accurately CPD would be measured. All these considerations were then pooled and allocated to planning, action, outcomes, reflection, or general: factors which either applied to the CPD scheme as a whole or could apply to two or more phases of the cycle.
Figure 2.3

PDV measurement level

PLANNING

OUTCOMES

KNOWLEDGE

BEHAVIOUR

RESULTS

INPUT

OUTPUT

REFLECTION

ACTION

1 2 3 4 5

1 2 3 4 5
Chapter 3  Mapping the cases

3.1  PDV measurement scale: what the levels mean

Tables at the beginning of each section of 3.1 illustrate general factors which contributed to particular PDV measurement level scores at each phase of the CPD cycle.

3.1.1  Planning

Figure 3.1  Measurement scale for planning

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Goals set</td>
</tr>
<tr>
<td></td>
<td>Assessment of needs</td>
</tr>
<tr>
<td></td>
<td>Planned activities/timescale</td>
</tr>
<tr>
<td>3</td>
<td>Structured review of role and expectations</td>
</tr>
<tr>
<td></td>
<td>Loose competency framework</td>
</tr>
<tr>
<td>4+</td>
<td>Detailed competency framework with different areas for type of competency or specific to certain roles</td>
</tr>
<tr>
<td></td>
<td>Online planner</td>
</tr>
<tr>
<td></td>
<td>Linking point allocation to different competencies</td>
</tr>
<tr>
<td></td>
<td>Prioritisation</td>
</tr>
<tr>
<td></td>
<td>Individualisation</td>
</tr>
</tbody>
</table>

Generally a comparatively high standard of PDV could be discerned at the planning phase of the CPD cycle due to the relatively common introduction of complex competency frameworks and online planning tools. A broad spread of PDVs among the case studies was also observed for planning, allowing a route from level 2 to level 5 to be established as shown above.

A common basis for structured planning systems demonstrated by the case studies is a robust competency framework, giving members not only an idea of what they should be aiming for, but also choice to tailor CPD to their specific needs. This also ensures that any learning goals are relevant and worthwhile professionally and in the context of what is expected from the public and other stakeholders. A competency framework may therefore be regarded as the first step in improving a planning system in which members are asked simply to establish learning objectives. It will provide the potential for a planning system to achieve a PDV of 3 and above. It is however possible to have a competency framework, and remain below level 3 PDV, as in the case of case X where there is a loose competency framework, but the plan only consists of a statement of goal and learning need, and further, there is little guidance and support to help members determine these goals and understand the
framework. It would be relatively easy for an organisation such as Case X to achieve a higher level of PDV. With the competency framework already in place, they need only tighten it up, perhaps divide it into categories to make it more comprehensive and user-friendly, and provide guidance to members on how to develop learning objectives using the framework. Once a professional body has a comprehensive competency framework in place, their PDV can be increased by adding complexity to that framework and categorising it. The more detailed a competency framework, the more scope for individualisation and hence relevance of CPD for the individual.

A higher PDV was also assigned for the provision of guidance and examples, and requirement of analysis of role and explanation for learning needs.

Generally an online planner was the feature that placed some organisations at level 4 PDV or above, as it makes the planning process easier and more approachable for the individual, and usually has some tool which suggests appropriate learning activities for selected learning objectives. It can also have the capability to aid the assessment of learning outcomes.

The detail of the plan was another key dimension in assigning a PDV, with the lowest assignment merely stating a learning objective, and CIMA, for example, one of the highest, creating detail by the structured deconstruction of role into key responsibilities and the consideration of various stakeholders, and the prioritisation of learning needs and consideration of learning style as featured in the ACCA unit route plan.

3.1.2 Reflection

Figure 3.2 Measurement scale for reflection

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Open-ended reflection with little or no structure or guidance</td>
</tr>
<tr>
<td>3</td>
<td>Structured review of situation/role</td>
</tr>
<tr>
<td></td>
<td>Group reflection</td>
</tr>
<tr>
<td>4</td>
<td>Question templates</td>
</tr>
<tr>
<td></td>
<td>Questions linked to competencies</td>
</tr>
<tr>
<td></td>
<td>Audit</td>
</tr>
</tbody>
</table>

Reflection is typically the most difficult phase of the CPD cycle to measure, as it is often a relatively personal and subjective endeavour, the thought process of which is generally challenging to capture. A recorded output of reflection may not represent the reflection that has been undertaken by an individual purely because their writing skills are not geared towards this type of exercise. Individuals often are unsure of what to record as their ‘reflection’, and similarly, assessors are unsure of how to go about evaluating someone’s reflective piece of writing. In educational literature, different levels of reflection have been identified which are said to represent higher thought processes and critical analysis, and could be used as assessment criteria for reflective prose (see Appendix A).

None of the case studies examined used such criteria, and therefore measurement of reflection was generally of a low standard. Four out of the nine cases that measured output at the planning phase have a measurement system which scored level 2 PDV:
the lowest output level on the scale. Such a score represents the provision of a section of a CPD record in which to write a reflective paragraph, but no guidance on content or structure to assist individuals. An open-ended reflective paragraph without clear direction cannot reliably distinguish between different PDVs, and cannot identify higher level individuals hence its low PDV level as a measurement tool.

In the absence of the implementation of assessment criteria for reflection, the way to achieve an increased level PDV measurement score is by providing structure, direction and guidance. This at least provides more assurance that an individual is going through the correct types of thought processes and focusing on relevant issues which will have an impact on their PDV. By checking that an individual has gone through these relevant steps, it can be inferred indirectly that the reflection phase of the cycle will have a higher PDV.

A PDV measurement score of 3 represents some move towards a structured approach to planning by providing reflective question templates for example. Auditing of the reflection will also increase PDV as it will verify whether or not an individual has addressed the key issues. Another factor which will increase the PDV level of reflection is group reflection. It is argued that reflecting with others stimulates thought and makes the reflective process ultimately more effective.

Level 4 generally represents a combination of more detailed reflective question templates, audit of records of reflection and group reflection. None of the cases generated a PDV measurement level above 4. Perhaps this could be achieved by implementing some kind of marking criteria for levels of reflection, as noted above.

### 3.1.3 Outcomes

**Figure 3.3 Measurement scale for outcomes**

<table>
<thead>
<tr>
<th>2</th>
<th>Vague allusion to usefulness/ impact of learning in unstructured manner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provision of general questions to aid self-assessment</td>
</tr>
<tr>
<td></td>
<td>Outcome assessed informally against learning objectives – i.e. whether or not they have been met</td>
</tr>
<tr>
<td>3</td>
<td>A more thorough structure to self-assessment with guidance and direction</td>
</tr>
<tr>
<td></td>
<td>Criteria for different levels to look for during self-assessment</td>
</tr>
<tr>
<td></td>
<td>Audit of self-assessment</td>
</tr>
<tr>
<td>4</td>
<td>Objective scoring in combination with self-assessment</td>
</tr>
<tr>
<td>4+</td>
<td>Objective assessment methods</td>
</tr>
<tr>
<td></td>
<td>Peer/ client appraisal</td>
</tr>
<tr>
<td></td>
<td>Objective statistical benchmarking (nationally)</td>
</tr>
<tr>
<td></td>
<td>Mixed assessment techniques tailored for different aspects of CPD</td>
</tr>
</tbody>
</table>
The outcomes phase may be seen as the most important one for professional bodies in terms of reputation and public accountability. There is a pioneering effort by some professional bodies to hone outcome measurement in order to ensure competence and accountability. Though some of the cases demonstrate a broad distribution of PDV measurement levels at the outcomes phase, spanning the full range of the output scale, there is a noticeable clump of measurement systems hovering around level 2.

Level 2 generally indicates outcomes being vaguely self-assessed against learning objectives without clear assessment criteria, simply stating whether or not these objectives have been met. There is variation in the level of these scores around level 2, but the differences are so subtle and vague that it is difficult to sort them into any valid or clear hierarchic order.

These could be identified as the systems implemented by professional bodies that have recognised the importance of measuring outcome as part of an effective output-based system, but have not yet made a point of honing that measurement system.

There could be various reasons for this:
- professional bodies may just not be aware of the potential for more accurate and objective measurement techniques;
- There is a lack of money, staff or time to implement higher-level measurement;
- Members are adverse to the idea of being assessed or having their competence questioned.

It is the case that bringing in objective assessment techniques for CPD outcomes is a resource-intensive endeavour: Case Y has spent a great deal of time and money creating their multiple objective assessment techniques. CPBC only offer a selection of objective techniques such as practice audit and peer review if a member has been unsuccessful with self-assessment. The individual must make a substantial monetary contribution to subsidise the cost of practice audit if this situation occurs. Paying auditors income replacement and travel to visit the particular practice are the most substantial costs involved.

Because of the undeniable cost associated with objective measurement of outcomes, it is common for CPD managers to shy away from trying to develop the sophistication of outcomes measurement because they see objective assessment as the only option and they consider this too expensive. But measures can be taken to objectify self-assessment making it a more robust form of assessment, and pushing the PDV measurement level up to level 4. Objective measures only begin to come into play at the very top end of level 4.

There is a clear barrier marking the distinction between the group of level 2 systems and anything above that level. In order to achieve a PDV measurement level of 3 or above, some criteria for self-assessment should be established, as well as some sort of audit or sign-off of the self-assessment.

Level 4 is characterised by features which ‘objectify’ self-assessment, such as a clear and comprehensive set of criteria for self-assessment, high level audits of the self-assessment by trained auditors and a requirement for specific examples to back up the self-assessment. All these factors add to the robustness of self-assessment, hence improving its accuracy and ability to detect genuinely high PDV.
Level 5 signifies another barrier: the movement away from self-assessment. A system which implements successful objective methods of assessment will score level 5 PDV measurement. Also contributing to a higher level 4 or 5 is a distinction between the different types of outcome (knowledge, practice and results), and ultimately different assessment techniques to suit each type.

3.1.4 Action

Figure 3.4 Measurement scale for action

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>Note of activities</td>
</tr>
<tr>
<td>1</td>
<td>Record of hours</td>
</tr>
<tr>
<td>1+</td>
<td>Record of hours + evidence of attendance</td>
</tr>
<tr>
<td></td>
<td>Points system with different allocations for different types of activity</td>
</tr>
<tr>
<td></td>
<td>Evidence of participation</td>
</tr>
</tbody>
</table>

Action is an interesting phase of the cycle in terms of measurement. It can only be measured by inputs. Because of input giving little or no indication of PDV, input measurement of action can only score between 0 and 2 on the scale (2 resembling the transition to output measurement). The most sophisticated input measurement of action can only score a maximum of just below 2 PDV measurement level.

There are subtle differences in the PDV measurement value of action measurement, with a simple documentation of activities undertaken rating lowest as this has absolutely no indication of PDV. Measurement of hours ranked slightly higher as it gives a very indirect indication of PDV based on the assumption that more time spent on CPD equals a higher PDV.

Action measurement can rate between 1 and 2 when it moves towards output by requiring some sort of evidence to support the basic input measures observed at level 1 and below. This type of evidence can vary and evidence such as an invoice confirming payment for a seminar, for example, really adds nothing to the accuracy of PDV measurement, and hence scores barely above PDV measurement level 1. If however, evidence of participation is required, e.g. a participation certificate issued after completion of activities carried out within the seminar, or notes taken during an activity, this does give a vague indication that more was done than simply attendance, and gives a more valid justification of PDV.

Another way in which a score closer to level 2 can be achieved is by assigning points which vary depending on the type of activity. If more points are given for an activity which is likely to produce a higher PDV, then the measurement system is getting closer to measuring the impact of CPD, although this is still based on an assumption.

---

2 This may cause the mapping to look unbalanced, but it was decided to retain the structure of the model as it signified the intransitive position of action measurement within the input realm of measurement, and also retained the balance and simplicity of the model.
that certain activities will have a higher PDV for everyone, when this is often not the case.

3.2 The cases

The mapping of the case studies is demonstrated in section 3.2, and each subsection will consist of four parts:

a) A summary of the case study, the full version of which can be found in appendix C;

b) A table illustrating the main features of the case study’s measurement system at each phase of the cycle;

c) A diagram of the case study mapped on the model; and

d) A table clarifying the PDV measurement level allocation of the case study.

3.2.1 Chartered Institute of Management Accountants

CIMA recently implemented an output-based CPD scheme involving a developed six-phase CPD cycle and competence landscape. A selection of records are audited to ensure completion of each of the cycle, but the standard of the record is generally not assessed. CIMA believes that it is important to give the individual the autonomy to self-assess and to trust them as professionals to do this honestly. In the future however, CIMA would like to develop some standards from which members could benchmark themselves.

<table>
<thead>
<tr>
<th>PLANNING</th>
<th>ACTION</th>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>Prior to the official ‘planning’ phase of the cycle, members are required to define their role, and then break it down into key responsibilities. They then assess where they are in terms of that role. They must consider the perspectives of various stakeholders, and assess whether or not they are meeting the stakeholders’ needs. CIMA provides an online planner involving a ‘competence landscape’, with which members are able to identify gaps in their competence, and work out ways to best address these gaps, keeping in mind CIMA used to have an hour-based input measurement system, but saw this as a restriction to development, so currently have no measurement at this phase of the cycle.</td>
<td>The outcome phase is measured indirectly by reflection on the activities undertaken.</td>
<td>This reflection is seen as a ‘quality check point’ where members look at what they have done, the effect it has had on various stakeholders, and whether or not it was successful. CIMA is developing a set of reflective question templates which involve individual reflection, as well as reflection in dialogue with a peer. They also phase workshops for group reflection.</td>
<td></td>
</tr>
</tbody>
</table>

3 Part b does not appear for case studies where the measurement system is purely input-based; the information in these cases is in part a.
| Reflection | 4 | Reflective question templates  
Involving individual reflection and reflection in dialogue with a peer  
Workshops for group reflection  
Consideration of various stakeholders |
| Planning   | 4 | Competence framework  
Online planner  
Define role  
Deconstruction of role into key responsibilities  
Assessment of learning needs  
Consideration of various stakeholders |
| Action     | 0 | No measurement |
| Outcome    | 2/3 | Outcome is considered during reflection, but there is no formal recording, structure or assessment system specifically for this phase. |
3.2.2 Construction Industry Council (CIC)

The CIC is an umbrella body which advises other professional bodies in the sector on their CPD schemes. It has developed a recommended CPD model based on the CPD cycle which measures outputs. It recommends the use of an appropriate framework of competencies or skills from which individuals can build their development plan. CPD measurement in the recommended scheme is by self-assessment against the development plan. Third party audit is optional if a practitioner requires their learning to be objectively demonstrated.

The CIC is aware of a certain resistance to output measures among practitioners, and recognises the need to keep any output scheme simple to ensure it will appeal to practitioners.

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<th>PLAN</th>
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<tbody>
<tr>
<td>Before the planning phase, members do a structured review of where they are now in terms of their personal and professional experiences, and record that as a profile of areas where they are competent, an where they are not. Members also analyse their future needs by taking into account current and future job and career requirements. This analysis identifies priority areas for CPD which are recorded as profile needs.</td>
<td>The member notes down a detailed record of the development activities.</td>
<td>The development record shows intended objectives, what objectives actually occurred, and with what consequences. In the 'assessment' phase of the cycle, members measure up their results against their development plan and assess whether they have achieved their desired competencies. If they wish to be audited members must present a portfolio demonstrating their learning. This is then mapped against the criteria in the standards.</td>
<td>Reflection is evident in both the review phase of the organisation's cycle.</td>
</tr>
</tbody>
</table>
Reflection 2/3  Evident in planning  
(Structured review of situation  
Profile of competencies)

Planning 3  Competence framework suggested  
Structured review of situation  
Development of competence profile  
Priority areas identified and needs profile developed  
Consideration of current and future job/ career needs

Action 1-  Note of activities

Outcome 2/3  Self-assessed against learning objectives set out in plan.  
Independent audit optional.
3.2.3 Royal College of Psychiatry (RCPSYCH)

RCPSYCH is unique in that its CPD output measurement is done within peer groups. Planning, reflection and outcome assessment are done within these groups, and there is still an input requirement of 50 hours per year.

There is no detailed structure or guidance provided by the College regarding the content of peer group sessions, but members are given direction. They are asked to think about their CPD in terms of knowledge, skills, attitude and social skills, and to look at four levels of practice ranging from basic skills common to the profession, to specific specialisations.

One form summarising the peer group discussion must be submitted to the College and a random selection is audited. There are currently limited resources for CPD and the College therefore does not have the capacity to assess these forms in any great detail.

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<tr>
<th>PLAN</th>
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<tbody>
<tr>
<td>At the beginning of the year, the peer group meets to discuss educational objectives and to develop a plan. Members must think about their objectives in terms of four levels and domains. The only guidance given about the peer groups is that the group should challenge individuals' plans. The next policy will include guidance on objective setting.</td>
<td>Input – 50 hours per year. If selected for audit, evidence of external activities is required. Discussed in peer group</td>
<td>Members reflect on the outcomes of their CPD within peer groups. Group reflection has had a positive reaction from members who feel it is an effective method. No question templates/ objectives for the discussion.</td>
<td></td>
</tr>
</tbody>
</table>
| Reflection | 3 | Group reflection in regular peer groups  
|            |   | No templates |
| Planning   | 3 | No competence framework  
|            |   | Not submitted to organisation  
|            |   | Lack of structure and guidance  
|            |   | Learning objectives developed  
|            |   | Through four levels of practice (general & specialist skills)  
|            |   | Through four domains: knowledge, skill, attitude and social skills |
| Action     | 1/2 | Hours + audit |
| Outcomes   | 2/3 | Discussed in groups  
|            |   | No formal structure/ assessment system. |
3.2.4 The Southern African Institute of Chartered Accountants (SAICA)

SAICA runs a mandatory CPD scheme which is input-based and involves 120 hours of CPD over three years with at least 50 per cent being ‘verifiable’. There is an option for members to follow an output-based approach, although there is little information or guidance available to them and therefore there is a very low uptake of this option.

The Institute is planning to move towards a fully output-based scheme and are very interested in developing a competency framework and in establishing accreditation of employer development schemes.

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<tr>
<th>PLAN</th>
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<th>REFLECTION</th>
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</thead>
<tbody>
<tr>
<td>No information provided to members. Proposed development of competence framework</td>
<td>Input – 120 hours over three years – distinction between verifiable and non-verifiable. Online log.</td>
<td>Optional – no guidance.</td>
<td>No information provided to members.</td>
</tr>
</tbody>
</table>
3.2.5 Pharmacy Council of New Zealand (PCNZ)

The PCNZ implements an output-based scheme based around the CPD cycle and a detailed competence framework. The outcomes phase of the cycle is self-assessed using a numeric ‘Outcome Credit Scale’ with three levels based on increase in knowledge and change in practice. Members must provide specific examples to validate the credit assigned. The CPD records are audited to a high degree by auditors who are provided with a great deal of training and support.

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<tr>
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<tbody>
<tr>
<td>Highly detailed competence framework centred around seven professional standards. Examples of activities suitable for addressing various competences are given in the guidance. It is mandatory that a plan be completed, but it is not audited.</td>
<td>Outcome credit scale: Three levels to self-assess the outcome of CPD. Members need to think about new learning gained and change in practice. Members must provide specific examples to justify their score, and then this score along with the evidence to back it up is audited to a high degree. Examples of the type of evidence required are provided.</td>
<td>Statements of reflection are made, and assessed by auditors. Template questions are provided in the guidance.</td>
<td></td>
</tr>
</tbody>
</table>
| Reflection | 3.5 | Reflective statements  
|           |     | Assessed by auditors  
|           |     | Question templates  
| Planning  | 3.5 | Complex competency framework  
|           |     | Example documents  
|           |     | Mandatory but no audit of plan  
| Action    | 0   | No measurement  
| Outcomes  | 4   | Outcome credit scale with three levels for robust but clear self-assessment.  
|           |     | Specific examples must be provided to justify score.  
|           |     | Examples of each level provided  
|           |     | High level audit.  
|           |     | Trained & paid auditors.  

3.2.6 Chartered Institute of Public Relations (CIPR)

The CIPR operates a mixed CPD scheme involving input measurement by hours as well as a certain level of output required at each phase of the CPD cycle. The scheme is generally voluntary, but mandatory for certain levels of membership. CPD records are audited, but only for evidence to justify the number of hours claimed for the input requirement: the quality of the output is not assessed.

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<tbody>
<tr>
<td>Members submit a one-page development plan which states what activities they intend to do, what they want to learn and achieve, and how they intend to measure success.</td>
<td>Input – 30 hours per year.</td>
<td>A development record includes a ‘what did I achieve?’ category, with reflective questions such as, ‘what did I learn, and how has this increased my competence?’</td>
<td>Members are asked to write a reflective paragraph, which is not measured.</td>
</tr>
<tr>
<td>All three of these criteria are sub-divided into four strands:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Culture &amp; society;</td>
<td>A development record lists activities and hours, and must also include evidence to substantiate the hours stated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Media &amp; Communications;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Organisations &amp; relationships;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Professional skills &amp; development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members must address professional practice, plus one of the remaining two.</td>
<td></td>
<td></td>
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<tr>
<td>There is an online competency framework to assist members with constructing a plan.</td>
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</tbody>
</table>
Reflection

Members are asked to write a reflective paragraph which is not assessed.

Planning

Competency framework
Four strands/ themes to be addressed
Learning objectives
Must address how they intend to measure success
One page development plan

Action

1 Hours + evidence

Outcomes

2 Structured general questions for self assessment/ reflection
No link to plan
No audit of output
3.2.7 CASE X

Case X moved from an input to an output-based CPD scheme several years ago and, at the request of members, retained a numerical element to the measurement. The organisation implements a standard points system, where one hour of study equals one point, but in addition to this, members self-assess the outcomes phase of CPD by using a numerical ‘effectiveness index’, assigning themselves a score between 0 and 1 depending on how effective the CPD has been for them, which is multiplied by the standard points. The criteria for assigning a score is currently very vague, and individuals interpret it in different ways. The other phases of the cycle are addressed in a basic format with little guidance. The organisation hopes to improve the level of guidance available and introduce a mentoring scheme in the near future. A sample of online records are audited.

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<tr>
<th>PLAN</th>
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<th>OUTCOMES</th>
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<tbody>
<tr>
<td>Members are required to state a goal and a learning need. This is left entirely up to the individual. There is a loose competency framework, with different areas relating to the Health Professions Council categories. Members must identify which category they are addressing.</td>
<td>Members must record the learning activity by simply stating what it was, and each hour spent on a learning activity is given one point. All types of activity receive the same point weighting.</td>
<td>Members rate the effectiveness of the activity by assigning it a value of between 0.0 and 1.0. This value is then multiplied by the points to give a ‘CPD value’. There are vague guidelines for the assignment of ‘effectiveness’, but the system is susceptible to abuse. There is no distinction between different types of outcome, so the effectiveness rating could be in relation to learning or behaviour, or something else. There is also an ‘evaluation’ section in the record, where members write a short paragraph about the outcome of the learning activity.</td>
<td>There is a box for members to write an open-ended reflective paragraph.</td>
</tr>
</tbody>
</table>
| Reflection | 2 | Open-ended reflective paragraph  
Lack of guidance  
No assessment |
| Planning | 2/3 | Loose competency framework  
Goal and learning need identified  
Little support in developing goal |
| Action | 1 | Set points based on hours |
| Outcomes | 3 | Criteria for self-assessment scoring  
Effectiveness of learning judged  
Audit  
The criteria are vague  
Lack of guidance |
3.2.8 Association of Chartered Certified Accountants (ACCA)

The ACCA offers three CPD routes, but this analysis is based on their main ‘unit route’. In order to accommodate its international membership, the ACCA implements a primarily input-based CPD scheme, but have moved away from a mere points-gathering exercise by insisting that CPD be relevant to a member’s role. Despite the input-based nature of this scheme, output is certainly addressed, and ACCA have implemented a ‘professional development matrix’; an online planning tool which assists members in analysing their job roles and prioritising learning needs. They also self-assess their outcomes by comparing them with the development plan. Although the CPD cycle is not explicitly followed, details of the cycle are provided in guidance for members. CPD records are audited to ensure development activities are relevant to a member’s role.

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<tr>
<td>ACCA uses an online tool called the ‘Professional Development Matrix’ which takes members through the process of looking at their job role profile and identifying the competencies that they need for this role.</td>
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<tbody>
<tr>
<td>Input – 40 hours per year; at least 21 ‘verifiable’, which means the activity must meet the following requirements:</td>
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</table>

1. Was the learning activity relevant to your career?
2. Can you explain how you will apply the learning in the workplace?
3. Can you provide evidence that you undertook the learning activity?

This is reviewed by the organisation.

<table>
<thead>
<tr>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>Members should compare the outcome of their activity against their development plan, and assess whether they have met their objectives.</td>
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<th>REFLECTION</th>
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<tbody>
<tr>
<td>Examination of role as part of planning phase.</td>
</tr>
<tr>
<td>Reflection</td>
</tr>
</tbody>
</table>
| Planning   | 4 | Competency framework  
|           |   | Online planner  
|           |   | Analysis of job role  
|           |   | Assessment of learning needs  
|           |   | Prioritisation  
|           |   | Consideration of learning style  |
| Action     | 1/2 | Hours + audit for relevance of activity |
| Outcomes   | 2/3 | Compare outcome against development plan and self assess whether or not they have met objectives. |
3.2.9 The Institute of Information Technology Training (IITT)

The IITT Skills Tracker is not a classic CPD scheme, as it only addresses the planning and outcomes phases of the cycle and focuses entirely on competence. It does however employ a highly developed output measurement tool based around a complex and granular competency framework. Each competency addressed is assigned a hidden weighting by the Institute in order to objectify self-assessment of outcomes. During the self-assessment, members assign themselves points from three categories: competence, ability and experience, for which there is a clear set of criteria. This point assignment is multiplied by the hidden weighting to produce a competence profile. Self-assessment is signed off by a peer.

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<tbody>
<tr>
<td>All-embracing competency framework with over 400 competencies. The member chooses what elements are required for their role – clear and visible framework making selection straightforward. There is a matrix behind the framework which involves a complicated metrics scheme.</td>
<td>Self-assessment by assigning a value which is multiplied by a ‘hidden’ weighting assigned by the organisation to the particular competency that is being addressed. The hidden weighting avoids manipulation of the system. There are three types of points members can assign to themselves, each with different weightings: ‘competence’, ‘ability’, and ‘experience’ points. There are clearly identifiable criteria for each point level in order to objectify self-assessment. A calculation of all these factors gives a total score for each competence addressed, and builds a competence profile.</td>
<td>A certain level of reflection is implicit in the outcomes phase.</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td>0</td>
<td>No measurement</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td>4+</td>
<td>Complex competency framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Objective weighting of competencies in each category</td>
<td></td>
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<td></td>
<td></td>
<td>Role relevance</td>
<td></td>
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<td>User-friendly</td>
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<td>Online</td>
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<td></td>
<td></td>
<td>Huge choice allowing for individual tailoring</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>0</td>
<td>No measurement</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>4</td>
<td>Self-assessed by assigning value which is multiplied by hidden objective competency weighting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Three types of points</td>
<td></td>
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<td></td>
<td></td>
<td>Clear criteria for point allocation</td>
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<td></td>
<td></td>
<td>Peer sign-off of scores</td>
<td></td>
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</table>
3.2.10 Institute of Chartered Accountants in Germany (ICAG)

ICAG runs an input-based CPD scheme where members must complete an average of 40 hours per year totalling 120 hours over a three year period. To ensure that members meet those requirements, the organisation carries out practice audits which involve checking up on CPD requirements. During these audits, CPD records are not checked, but the quality of work at the practice is. If a deficiency is found, there is further investigation which involves interviewing practitioners to gauge their professional knowledge and looking through invoices and attendance sheets. ICAG is not currently considering a move to broader output measures and is dubious as to the validity of such measures.

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<tbody>
<tr>
<td>No plan</td>
<td>Input – 40 hours per year. Need to provide evidence of attendance to prove those hours – for example invoices or attendance papers.</td>
<td>Compulsory peer reviews which are inspections not of the CPD records of individual accountants, but of the quality of the product – the actual audit engagements themselves, to ensure they have been carried out correctly. During such inspections, accountants may be interviewed in order to gauge their level of professional knowledge. It was however admitted that it was difficult to determine knowledge level from such conversations.</td>
<td>No reflection</td>
</tr>
<tr>
<td>Reflection</td>
<td>0</td>
<td>No measurement</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td>0</td>
<td>No measurement</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>1+</td>
<td>Hours + evidence</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (results)</td>
<td>Practice audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (behaviour)</td>
<td>Behaviour and practice part of practice audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (knowledge)</td>
<td>Conversations to gauge professional knowledge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.2.11 Institution of Civil Engineering Surveyors (ICES)

ICES currently implement a voluntary output-based CPD scheme based around the CPD cycle. Members submit a development plan and a CPD record which details activities undertaken and includes an unstructured reflective element. ICES audit a sample of CPD records and act if it is clear a member hasn’t taken it seriously or has failed to meet objectives.

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<tbody>
<tr>
<td>Members fill out a CPD plan, where they lay out their development goals, what activities they intend to do to meet those goals and set deadlines for the activities. It should also include details of how they intend to measure whether or not a development goal has been met. This document is however, not mandatory.</td>
<td>This organisation ceased using a points-based input measurement system. In the ‘CPD record’, members fill out the activities they have undertaken, and how long they took.</td>
<td>The CPD record has a ‘reflective element’ where a member evaluates the learning process. They write such things as whether it was of any use. The institute does not measure this.</td>
<td></td>
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</table>
| Reflection | 2 | Reflection section in CPD record evaluating the process  
| No assessment |
| Planning | 2.2 | No competence framework  
| Assessment of needs  
| Development plan with learning objectives  
| Voluntary |
| Action | 1 | Hours + description of activity |
| Outcomes | 2 | CPD record notes if the learning was of use. |
3.2.12 College of Pharmacists of British Columbia (CPBC)

Registrants of the CPBC can choose whether to undertake a knowledge assessment (KA) or a learning and practice portfolio, which involves output at each phase of the CPD cycle. The portfolio involves developing Desired Practice Outcomes as part of the planning phase which are submitted to the college for approval and feedback before the individual moves on to the next phase of the cycle. Outcomes are self-assessed in an Evaluative Narrative Statement which is highly structured through detailed guidelines and a check list of issues to be considered. The portfolio is audited by trained assessors who are given clear assessment criteria. The College is experiencing some resistance to uptake of the portfolio option which is perceived by registrants to be time consuming and vague, although the College itself endorses the benefits of the portfolio over the knowledge assessment option in terms of the development of the individual.

If a registrant is unsuccessful in their chosen option during this phase, they must enter “phase two” assessment where they have the option to repeat the KA or the portfolio, but in addition have the choice to undergo a practice audit or a practical exam. These options are not available in the first instance due to their cost, and members who fail initially and must enter “phase two” are required to pay for these secondary assessment techniques in order to make them possible.

The learning and practice portfolio option is used for the mapping as it addresses all phases of the CPD cycle.

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<th>OUTCOMES</th>
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<tbody>
<tr>
<td>From the reflection phase, identify broad areas of focus for CPD. Next, define three Desired Practice Outcomes (DPOs) or goals, linking them to specific roles/ functions in the competency framework. Identify strategies to achieve these goals. Guidance notes and examples provided for each phase of the plan. DPOs are sent to the College for approval and feedback and can be continuously revised throughout the cycle.</td>
<td>Activities are documented and discussed in the outcomes section.</td>
<td>An Evaluative Narrative statement is written examining how far objectives have been met and how. It is an open-ended prose exercise, but there is a check-list of questions which must be addressed, and clear criteria of what issues to include whether or not objectives have been met. Includes knowledge, skills and practice and client outcomes. At least two pieces of evidence must be produced to confirm the statement, one of which must be ‘direct’ (the criteria for which are given). Audited by highly trained auditors.</td>
<td>Complete a detailed self-assessment form, rating your current abilities according to various competencies. Clear, structured and directed form with scoring system. Review the summary of results and identify needs.</td>
</tr>
</tbody>
</table>
### Reflection

|   | 4 | Detailed self-assessment questionnaire  
|   |   | Set reflective questions linking to competencies  
|   |   | Scoring system creating summary for further reflection |

### Planning

|   | 4+ | Assessment of competencies  
|   |   | Competence framework  
|   |   | Submission of Desired Practice Outcomes for approval and feedback before action.  
|   |   | Linking of DPO to specific competencies.  
|   |   | Guidance and examples provided throughout. |

### Action

|   | 0 | No measurement |

### Outcomes

|   | 4 | Prose assessment of meeting objectives  
|   |   | Clear criteria with check-list of questions to be addressed  
|   |   | Specific examples must be provided to justify statement.  
|   |   | High level audit.  
|   |   | Trained auditors.  
|   |   | Distinguishes between knowledge, skills and practice and client outcomes. |
### 3.2.13 CASE Y

The scheme implemented by case y is a recertification scheme rather than CPD scheme, and hence focuses primarily on what would be the outcomes phase of the CPD cycle. It utilises a combination of highly advanced techniques of outcome measurement. As well as self-assessment, it implements objective measurement techniques including exams to test knowledge outcomes, peer and client assessments to measure behavioural and practice outcomes, and statistical analysis of records compared with national standards. A computer system combines data from these measurements to produce a summary report on which the practitioner reflects and identifies learning needs.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>ACTION</th>
<th>OUTCOMES</th>
<th>REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members must set goals based on identified knowledge gaps.</td>
<td>The ABIM uses multiple forms of measurement, including self-assessment as well as objective techniques. The measurement of knowledge, performance and results outcomes are approached in different ways to suit the type of outcome. Knowledge: Medical knowledge tests. Practice: Performance improvement modules with multiple assessment techniques: peer and patient feedback surveys; self assessment. Results: Patient medical records against national standards. Linked to pay-for-performance incentives.</td>
<td>Members are given a feedback summary of the combined results of the various measures in place. They reflect on this information in order to identify areas for improvement. This phase is implicit, and not measured or assessed by a third party.</td>
<td></td>
</tr>
</tbody>
</table>
Reflection 2 | Review of feedback report
Planning 2/3 | No competence framework
| Learning goals are set from gaps identified from previous feedback
Action 0 | No measurement
Outcomes 5 | Objective assessment techniques
| Self assessment
| Different assessment techniques to suit knowledge, practice and results.
| Peer assessment
| Patient assessment
| Results assessment and statistical analysis
3.2.14 Institute of Certified Public Accountants of Singapore (ICPAS)

ICPAS run an input-based scheme where practising members are required to achieve 40 hours of CPD per year and non-practising members are required to achieve 60 hours over the duration of 3 years. The scheme is split into structured (formal learning such as courses) and unstructured (i.e. reading) CPD, with the organisation providing guidance on this distinction.

| Reflection | 0 | No reflection |
|Planning    | 0 | No planning  |
|Action      | 1 | Hours-based measurement |
|Outcomes    | 0 | No outcomes assessment |
3.2.15 Institute of Certified Public Accountants of Kenya (ICPAK)

The ICPAK CPD scheme is mandatory and requires that members complete 25 hours of structured and 15 hours of unstructured CPD activity per year, which is averaged over a three year period. Members are required to fill in a CPD record at the end of each year, stating the seminars attended which count towards the 25 hours of structured activity. If the learning activity is set up by the institute, there is no need to produce evidence of attendance, participation or output, as attendance is logged automatically. If the activity is externally organised, some sort of evidence of attendance is required of the member, such as a certificate.

<table>
<thead>
<tr>
<th>Reflection</th>
<th>Planning</th>
<th>Action</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

| No reflection | No planning | Hours-based measurement | No outcomes assessment |
### 3.3 Scoring process

**REFLECTION**

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Reflective question templates</td>
<td>CIMA</td>
</tr>
<tr>
<td></td>
<td>Involving individual reflection and reflection in dialogue with a peer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workshops for group reflection</td>
<td></td>
</tr>
<tr>
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<td>Consideration of various stakeholders</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Detailed self-assessment questionnaire</td>
<td>CPBC</td>
</tr>
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<td></td>
<td>Set reflective questions linking to competencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scoring system creating summary for further reflection</td>
<td></td>
</tr>
<tr>
<td>3/4</td>
<td>Reflective statements</td>
<td>PCNZ</td>
</tr>
<tr>
<td></td>
<td>Assessed by auditors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question templates</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Group reflection in regular peer groups</td>
<td>RCPSYCH</td>
</tr>
<tr>
<td></td>
<td>No templates</td>
<td></td>
</tr>
<tr>
<td>2/3</td>
<td>Evident in planning</td>
<td>CIC</td>
</tr>
<tr>
<td></td>
<td>(Structured review of situation profile of competencies)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Members are asked to write a reflective paragraph which is not assessed.</td>
<td>CIPR</td>
</tr>
<tr>
<td>2</td>
<td>Open-ended reflective paragraph</td>
<td>CASE X</td>
</tr>
<tr>
<td></td>
<td>Lack of guidance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No assessment</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Reflection section in CPD record evaluating the process</td>
<td>ICES</td>
</tr>
<tr>
<td></td>
<td>No assessment</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Review of feedback report</td>
<td>CASE Y</td>
</tr>
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### PLANNING

<table>
<thead>
<tr>
<th>Rating</th>
<th>Complexity</th>
<th>Features</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+</td>
<td>Complex competency framework</td>
<td>Objective weighting of competencies in each category, Role relevance, User-friendly, Online, Huge choice allowing for individual tailoring</td>
<td>IITT</td>
</tr>
<tr>
<td>4+</td>
<td>Assessment of competencies</td>
<td>Competence framework, Submission of Desired Practice Outcomes for approval and feedback before action, Linking of DPO to specific competencies, Guidance and examples provided throughout</td>
<td>CPBC</td>
</tr>
<tr>
<td>4</td>
<td>Competency framework</td>
<td>Online planner, Define role, Deconstruction of role into key responsibilities, Assessment of learning needs, Consideration of various stakeholders</td>
<td>CIMA</td>
</tr>
<tr>
<td>4</td>
<td>Competency framework</td>
<td>Online planner, Analysis of job role, Assessment of learning needs, Prioritisation, Consideration of learning style</td>
<td>ACCA</td>
</tr>
<tr>
<td>3/4</td>
<td>Complex competency framework</td>
<td>Example documents, Mandatory but no audit of plan</td>
<td>PCNZ</td>
</tr>
<tr>
<td>3</td>
<td>Competency framework</td>
<td>Four strands/themes to be addressed, Learning objectives, Must address how they intend to measure success, One page development plan</td>
<td>CIPR</td>
</tr>
<tr>
<td>3</td>
<td>No competence framework</td>
<td>Not submitted to organisation, Lack of structure and guidance, Learning objectives developed, Through four levels of practice (general &amp; specialist skills), Through four domains: knowledge, skill, attitude and social skills</td>
<td>RCPSYCH</td>
</tr>
<tr>
<td>3</td>
<td>No competence framework</td>
<td>Structured review of situation, Development of competence profile, Priority areas identified and needs profile developed, Consideration of current and future job/career needs</td>
<td>CIC</td>
</tr>
<tr>
<td>2/3</td>
<td>Loose competency framework</td>
<td>Goal and learning need identified, Little support in developing goal</td>
<td>CASE X</td>
</tr>
<tr>
<td>2/3</td>
<td>No competence framework</td>
<td>Assessment of needs, Development plan with learning objectives, Voluntary</td>
<td>ICES</td>
</tr>
<tr>
<td>2/3</td>
<td>No competence framework</td>
<td>Learning goals are set from gaps identified from previous feedback</td>
<td>CASE Y</td>
</tr>
<tr>
<td></td>
<td>OUTCOMES</td>
<td>CASE</td>
<td></td>
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<tr>
<td>---</td>
<td>----------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>Objective assessment techniques</td>
<td>IITT</td>
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<tr>
<td></td>
<td>Self-assessment</td>
<td></td>
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<tr>
<td></td>
<td>Different assessment techniques to suit</td>
<td></td>
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<tr>
<td></td>
<td>knowledge, practice and results</td>
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<td></td>
<td>Peer assessment</td>
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<td></td>
<td>Patient assessment</td>
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<td></td>
<td>Results assessment and statistical analysis</td>
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<tr>
<td>4</td>
<td>Self-assessed by assigning value which is</td>
<td>CPBC</td>
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<tr>
<td></td>
<td>multiplied by hidden objective competency</td>
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<tr>
<td></td>
<td>weighting</td>
<td></td>
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<tr>
<td></td>
<td>Three types of points</td>
<td></td>
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<tr>
<td></td>
<td>Clear criteria for point allocation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Peer sign-off of scores</td>
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<tr>
<td>4</td>
<td>Prose assessment of meeting objectives</td>
<td>PCNZ</td>
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</tr>
<tr>
<td></td>
<td>Clear criteria with check-list of questions</td>
<td></td>
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<tr>
<td></td>
<td>to be addressed</td>
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<td></td>
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<tr>
<td></td>
<td>Specific examples must be provided to justify</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>statement</td>
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<tr>
<td></td>
<td>High level audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trained auditors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Distinguishes between knowledge, skills and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>practice and client outcomes</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Outcome credit scale with three levels for</td>
<td>RCPSYCH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>robust but clear self-assessment</td>
<td></td>
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<tr>
<td></td>
<td>Specific examples must be provided to justify</td>
<td></td>
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<tr>
<td></td>
<td>score</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Examples of each level provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High level audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trained &amp; paid auditors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Criteria for self-assessment scoring</td>
<td>CASE X</td>
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</tr>
<tr>
<td></td>
<td>Effectiveness of learning judged</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The criteria are vague</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3</td>
<td>Discussed in groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No formal structure/ assessment system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3</td>
<td>Self-assessed against learning objectives</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>set out in plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent audit optional</td>
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<tr>
<td>2/3</td>
<td>Compare outcome against development plan and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-assess whether or not they have met</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3</td>
<td>Outcome is considered during reflection, but</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>there is no formal recording, structure or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>assessment system specifically for this stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Structured general questions for</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-assessment/ reflection</td>
<td>CIPR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No link to plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No audit of output</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CPD record notes if the learning was of use</td>
<td>ICES</td>
<td></td>
</tr>
</tbody>
</table>
3.4 Observed routes to various levels

3.4.1 Planning

Three out of the ten cases that measured output at the planning phase of the cycle scored level 3 PDV, but all reached this level by different means.

The CIPR reached a PDV of 3 primarily because it had a competency framework, but did not go beyond 3 because of a lack of other supporting features. The RCPSYCH achieved this level because although it does not have a competency framework, it does state four levels of practice which address the types of skills required at different levels of experience, and alerts even the most experienced professional to the basic skills they should possess. It also gives four domains - knowledge, skill, attitude and social skills - all of which should be addressed, guiding the individual in moulding their learning objectives. These levels and domains serve the same function as a competency framework. In contrast, The CIC does not have a competence framework, or anything similar: it achieves a level 3 by the detail of the plan: the development of a competence profile, prioritisation of needs and consideration of present and future role and career needs. If this body were to implement a competence framework, it would achieve a level 4 PDV.

The features of level 4 PDVs observed were more uniform. CIMA and ACCA both shared the following features: competency framework, online planner, analysis of job role and assessment of learning needs. They also both implemented interesting features which put them ahead, again associated with the detail of the plan. In CIMA’s case these features are the deconstruction of role into various responsibilities and the consideration of various stakeholders, and in the case of ACCA, prioritisation of needs and consideration of learning style.

To achieve PDV 4 the addition of features which add to the detail or individualisation are required, as these features imply that more thought must be put into the plan, and therefore that such plans can discern higher levels of PDV among members.

Although the IITT does not possess as many details of this type, the magnitude of its competence framework and the scope for individuality it allows leads us to place it above CIMA and ACCA and reach a PDV over and above 4. It is presently at the cutting edge of planning in terms of PDV, at least among the cases examined for this project.

The CPBC also scored above a level 4, and this can be attributed to the level of detail and the guidance involved in the planning phase. As with the IITT, there is a direct link between planning and specific competencies. The facility however for early submission of Desired Practice Outcomes for approval and feedback, and the capability therefore for revision and development of these objectives contributes most to the high score as it again signifies a high level of tailoring and individualisation in the plan, making it more likely to be beneficial. The assessment of plans prior to activity, and the re-submission after revision shows a dedication on the organisation’s part to not only identify, but increase the PDV of the planning phase of the CPD cycle for an individual.

3.4.2 Reflection

The research has found that there are two main routes to achieving a PDV measurement level above what appears to be the general standard of an open-
ended, unstructured paragraph. One is to introduce reflective question templates to guide individual reflection, and the other is to implement a group reflection facility. PCNZ achieved a level 3 by implementing the former, and RCPSYCH by the latter: both organisations achieve level 3, but by completely different means. Neither reached level 4, but using CIMA as an example, it can be seen that if each of them implemented the other’s features and introduced a combination of structure and group reflection, this higher level could be achieved.

Of the two cases from the research that scored a level 4 PDV measurement score at the reflection phase, CIMA has gone along the combined route mentioned above, but there are other routes to achieving this high level. CPBC scored level 4, but does not facilitate group reflection. Instead it gained kudos through the self-assessment questionnaire which guides individuals through a thorough reflection of their current practice, and relates these questions to specific competencies in the framework.

Again, these two routes demonstrate that a combination of them would result in a higher PDV measurement level.

3.4.3 Outcomes

The route from a low level to a high level 4 has been shown to involve various common features identified as: a clear and comprehensive set of criteria for self-assessment, high level audits of the self-assessment by trained auditors and a requirement for specific examples to back up self-assessment. Although PCNZ and CPBC, having almost identical features, had obviously both reached level 4 in a similar way in these respects, both organisations achieved this level by measurement systems which in another respect are very different. The CPBC implements a written prose approach to outcomes assessment, and the PCNZ uses a numerical scale. This is an important distinction because, despite these cases being of the same profession, it has been argued that more scientific or mathematical minded individuals may prefer the numerical scale. There is a numerical marking scale behind the narrative statement in the CPBC system, although the format of the output record that members fill out is very different to the PCNZ. This example of two very different routes to the same PDV measurement level demonstrates that a professional body can go down either route, depending on what it perceives to be most appropriate for its members, and be successful.

The IITT also scored level 4 through another route: by [perfecting] and developing their scoring system and competency framework to involve a complex metrics scheme, and by assigning objective weightings to be combined with the more subjective self-assessment scores. The complexity and detail coupled with a move towards objectivity provided the features needed for this system to be assigned a PDV measurement level of 4.

The objectivity which gave the IITT a level 4 is magnified in the case where measurement system which scored level 5, which implemented fully objective measurement techniques such as peer and patient assessment and statistical analysis of results compared with national standards are used. Level 5 is reserved for the use of such methods which can reliably yield a valid PDV measurement.
Chapter 4 Profiles and paths

4.1 Introduction

Two primary purposes of the model developed in chapter 2 were to allow professional bodies to ‘see a picture’ of their CPD measurement system as a whole, and for them to be able to benchmark their system against others easily. In chapter 3 the first of these purposes was demonstrated and here the second is developed. As noted in chapter 1 there are varying purposes to CPD and different profiles have been found among the case studies which clearly demonstrate some of these different purposes. We have only used 12 of the 15 cases to demonstrate different output measurement profiles in this chapter because 3 cases used input measures only.

The first profile described in section 4.2 concentrates on reflection and planning of CPD fairly equally. The second profile in section 4.3 concentrates primarily on planning. Section 4.4 shows the third profile which is skewed towards measurement of outcomes. Section 4.5 notes two cases that did not easily fit the previous three profiles. One uses an early version of output measurement with a relatively low PDV level. The other concentrates exclusively on practice and organisational outcomes. They are interesting cases and may represent profiles that are common to other professional bodies, but the small sample of case studies does not allow us to decide if they are truly anomalies or if they are only anomalous in the context of the case studies in this project.
4.2 Profile 1: Supporting the reflective practitioner

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Sector</th>
<th>Country</th>
<th>Regulatory status</th>
<th>No. of individual members</th>
<th>Annual income</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMA (blue)</td>
<td>Accounting</td>
<td>UK</td>
<td>Regulatory</td>
<td>70 000</td>
<td>£32.8m</td>
</tr>
<tr>
<td>RCPSYCH (green)</td>
<td>Medical</td>
<td>UK</td>
<td>Non-regulatory</td>
<td>12 000</td>
<td>£9.8m</td>
</tr>
</tbody>
</table>

A strong emphasis on the reflection and planning phases of the cycle, with less accuracy measuring at the outcome phase.

Both case studies associated with this profile have a liberal attitude towards CPD in terms of what contributes towards CPD, and their view regarding the monitoring and assessment of records.

CIMA have broadened the activities that count towards CPD because CPD staff saw having such restrictions as a barrier to real development, and wanted to promote the modern idea of CPD as more than simply updating technical skills: CPD, according to CIMA, should include a wide range of interpersonal skills, a wide understanding of the business, of management skills and stakeholders. RCPSYCH also put an end to the system whereby the organisation approved certain events for CPD, and now leave it up to the individual and the peer group to decide what is best for the individual in terms of their developmental needs.

Both organisations provide a considerable amount of guidance and support for members to assist them through CPD, but they do so by very different means. CIMA has a detailed and robust CPD cycle with additional written guidance to help members progress through the cycle. Members are given access to reflective question templates for use alone, as well as in dialogue with a peer. It is also in the process of developing support for group reflection.
Although RCPSYCH are less developed in terms of the written guidance they provide for reflection, the peer group system is fundamentally based on creating a positive and supportive environment for effective CPD. Generally, members have responded to the system in a highly positive way. Members are given clear guidelines about what kind of aspects to think about when planning and reflecting.

In terms of compulsion, CIMA members are required to progress through each of the six phases of their cycle; RCPSYCH members only have to return one basic form to the college, recording the basic details of the peer group discussions. It is however mandatory that members participate in at least two peer group sessions per year: one for planning, and one for reviewing or reflecting, hence placing the emphasis on these two phases of the cycle.

In both cases, the CPD records are audited, but interestingly neither of them are audited for quality; they are just checked to ensure that the appropriate phases of CPD have been completed. CIMA do not feel compelled to perform assessment of the quality of CPD records, as they have confidence in the integrity of their members, and operate on what they call a 'principle of trust'. They would consider assessing the content in the future, but only in order to provide benchmarks from which individuals could position themselves. RCPSYCH on the other hand attribute their lack of quality assessment to insufficient resources for CPD, and would like to develop this further given the opportunity.

There is no objective assessment of the outcomes of CPD: measurement of CPD at the outcomes phase is, in the case of CIMA, left entirely up to the individual, and in the case of RCPSYCH it is the responsibility of both the individual and the members of the peer group.

In relation to the outcomes phase of the cycle, both organisations place emphasis on and encourage the development of learning objectives. CIMA provide detailed guidance on how to do this, and RCPSYCH have realised that the guidance they provide on the process of setting learning objectives need to be clarified and expanded. It is by reflecting on these projected learning outcomes that individuals assess their success in achieving those outcomes. This self-assessment is less perhaps less valid than an objective assessment of outcomes, but seems to be due to the preferences and priorities of the professional body, which in this profile, appear to be flexibility, ease of use and ultimately what is best for the individual in terms of their professional development, with less of an emphasis on the accountability especially visible in profile 3.
4.3 Profile 2: Planning for Professional Development Value

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Sector &amp; Country</th>
<th>Regulatory status</th>
<th>No. of individual members</th>
<th>Annual income</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIC (blue)</td>
<td>Construction &amp; Engineering, UK</td>
<td>Non-regulatory</td>
<td>N/A</td>
<td>£1.1m</td>
</tr>
<tr>
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<td>9000</td>
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<td>ACCA (red)</td>
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<td>128000/117000</td>
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<td>IITT (purple)</td>
<td>Education &amp; Training, UK</td>
<td>Non-regulatory</td>
<td>6000</td>
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Emphasis on planning with various levels at reflection and outcomes phases, generally measuring action phase by input

The scale of the organisations that build profile 2 are extremely varied both in terms of number of members (6000-128,000), and annual income (1.1m-60m).

Interestingly, three out of the four professional bodies in profile 2 are non-regulatory, and ACCA, which has a regulatory function, performs this function through input measurement of hours: there is no regulatory function attached to the output side of their CPD scheme.

It follows therefore, that the output model illustrated in this profile is most suited to those professional bodies without a regulatory function, or at least that such an output model would not serve as a means to regulate members.
With the exception of the IITT, which is the extreme in this profile, the profile 2 organisations do measure CPD by input at the action phase of the cycle. This could be due to the fact that in this profile, the outcomes phase is generally measured by self-assessment by learning objectives. This type of self-assessment often comes up against criticism that it is subjective and hence unreliable, so input measures complement such an output system by providing the objectivity and validation of CPD absent at the outcomes phase. This hypothesis is further confirmed by the pattern emerging from the case studies in profile 2 in the relation between measurement of the action and outcome phases of the cycle. The IITT, with the highest level of measurement at the outcome phase, has no measurement at the action phase; the CIC with the second highest level of measurement at the outcome phase has the lowest level of measurement at the action phase. This pattern continues to the ACCA which has the highest level of measurement at the action phase and the lowest level at the outcomes phase.

The IITT, which is the most developed in terms of outcome measurement, does not measure CPD at the action phase of the cycle. Following on from the above discussion, the reason for this may be that it has developed a method of the self-assessment of outcomes which minimises the subjectivity inherent in this type of measurement. By use of a detailed metrics and scoring system, as well as clear and detailed criteria for self-assessment, the IITT claims to ‘objectify’ self-assessment, making it a reliable form of measurement. Interestingly, the CIC, with the second highest level of measurement at the outcomes phase, also gives clear guiding specifications for self-assessment.

In a non-regulatory environment, where the professional body does not regulate the outcome or results of CPD, or where CPD participation is regulated by means of input measures, there is less need for the detailed audit of CPD output records, as the onus for achieving a professional standard is placed more on the individual than the professional body. The attitude towards monitoring and auditing of CPD records which is prevalent in these case studies is also an indication of this. The general attitude was that it was not the place of the professional body to judge competence or ‘test’ members, which may be threatening to individual professionals: the professional bodies making up this profile want to keep members on side, and this is achieved by performing less monitoring and auditing, and instead by giving members the support they need to successfully measure their own achievements. The attitude of a profile 2 professional body seems to be that measurement at the outcomes phase of the cycle is more about benchmarking for the individual: giving them an opportunity to develop an opinion of how they match up to standards, and if they have not been successful, not to punish them, but to support them to determine the next steps in achieving their goals. Rather than judging competency, this profile simply establishes what competencies members should seek to achieve, and gives them the support and direction they need to achieve their goals.

The emphasis on the planning phase of the cycle highlights this support for members: having to do a detailed plan, considering various aspects which will affect the plan such as job role and stakeholders’ interest, all urge the member to really think about the CPD that they are doing and engage in a way which will encourage them to strive for results and indeed be fair when performing self-assessment of outcomes.

A good plan, and more specifically a clear competency framework, provides professionals with the opportunity to make the best judgement of their outcomes in relation to the plan and learning objectives set. Outcome measurement by self-assessment is dependent on a robust competency framework and plan:
professionals to know what competencies they want to address, why they want to achieve them, how they intend to achieve them and how they think that method will achieve them, and lastly, how they will know if they have achieved the desired outcome associated with the chosen competency.

### Competency frameworks

All the case studies in profile 2 base their output scheme on a competency framework, and centre the CPD process around setting learning objectives and then self-assessing how those objectives have been met. A competency framework is fast becoming the nucleus of an output-based CPD scheme, with many organisations developing a competency framework as the first step in implementing such a scheme. Not only does it show professionals what knowledge and skills they should have, it makes them think about their CPD in a more strategic way, and is also the essential tool for accurate self-assessment by providing a reference point from which to measure success.

The detail and specification of competency frameworks can vary hugely, from just a few core competencies, to particular competencies for different roles and different directions, with sub-divisions for areas of knowledge or type of skill, for example. The IITT has an extremely granular framework comprising over 400 competencies which gives the flexibility for individuals to tailor CPD exactly to their role, knowledge gaps, aspirations and interests.
4.4 Profile 3: Measuring Outcomes

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Sector</th>
<th>Country</th>
<th>Regulatory status</th>
<th>No. of individual members</th>
<th>Annual income</th>
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<td>Regulatory</td>
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<td>Non-regulatory</td>
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<td>£220 000</td>
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</table>

Although not all the case studies which make up profile 3 have a regulatory function, it is interesting that they are all in the medical sector, where regardless of the actual regulatory function of the professional body, there is a huge emphasis on the broader regulation and accountability of medical professionals. Medicine is one of the areas where the public rely on professionals to be competent and lack of competence has particularly dire consequences which the general public is well aware of. In the US the competence and public accountability of individual practitioners is an especially poignant issue, where members of the public choose their doctor, and will do so on the basis of reputation and accountability.

With that in mind, it is particularly interesting to attend to the obvious pattern in profile 3 of the outcomes phase of the cycle having the greatest emphasis, and that the action phase of the cycle is the least advanced in each of the case studies (with three out of four having no measurement of action whatsoever).
All four case studies make a point of measuring CPD at the outcomes phase and go to great lengths to make this measurement as accurate, robust and significant as possible. Case x uses a relatively primitive self-assessment scale, replicated on a much grander scale by the PCNZ, which has a vast quantity of guidance for members as well as a robust system for the auditing of self-assessment records (see case study for details). It is no coincidence that case x has a comparatively low income, which prevents it from going to such lengths to objectify and validate the self-assessment of CPD outcomes. Comparison between case x and the PCNZ demonstrates how income and resources can make a difference to the implemented scheme, even when the ideals behind the scheme may be very similar.

The methods by which outcomes are measured vary within profile 3, with two out of four relying on a robust system of self-assessment, and one of these heavily auditing this output.

Two of the organisations making up this profile use a combination of self-assessment and objective methods of assessment such as knowledge tests, OSCEs (practical simulations), practice audits as well as peer and patient reviews of performance. This marks a real leap forwards in terms of CPD measurement by output and a move away from reliance on self-assessment and all the problems associated with it.

With the measurement techniques as they are, it is significant that action is not measured at all, except in Case x, which interestingly has the least developed method of measurement at the outcomes phase of the cycle, and indeed the lowest income. It can be inferred therefore that there is a trade-off between measurement of the action phase of the cycle by inputs and measurement of the outcomes phase of the cycle by outputs. Where professional bodies have the resources required in order to perform objective measurement at the outcome phase, it can render input measurement of action obsolete.

The public have more faith in a system where the actual outcomes of CPD and the competency of practitioners is robustly assessed, rather on relying on the tenuous inference that having completed a certain amount of hours, the professional will remain competent.

The level of planning and reflection in the cases which make up profile 3 varies quite considerably, with Case x and case y having low PDV measurement levels. This observation could suggest that the organisations featuring in profile 3 focus almost entirely on developing robust and objective measurement systems for the outcomes phase, and as a result they neglect the planning and reflection phases of the cycle. An objective method of outcomes measurement needs perhaps to be weighed up against the benefits of progression through a well-developed CPD cycle – there is only so far resources will spread.

In Case y, the focus is almost exclusively on outcomes, which may seem to negate the benefits of structure and support for planning and reflection, and indeed the argument for using a CPD cycle at all. This focus can be attributed to the fact that the Case y scheme is primarily one of re-certification. There might be a danger of introducing measurement methods such as this more widely into CPD schemes: as case studies have demonstrated, members do not like feeling that they are being ‘tested’ or that their abilities are being questioned. Measurement techniques such as exams and practice audits do make professionals feel uncomfortable, and Case y have experienced some resistance to this effect.
The CPBC and PCNZ seem to have all-round systems output measurement, where planning and reflection are not ignored, giving members the opportunity to think about their competence and their development as an individual. But these two cases do not neglect the robustness of the measurement at the outcomes phase either: they base it on self-assessment, giving the members the autonomy and respect they want, but objectify the self-assessment by a robust auditing procedure to ensure that competence is maintained.
4.5 Anomalies

ICES

This case is not strictly an anomaly, as it could be described as fitting into either profile 1 or profile 2. The striking characteristic of the mapping of this system is that although it has officially made the switch from input to output, the level of professional development value demonstrated by the mapping process is very low indeed. Perhaps due to the fact that this output measurement system was developed six years ago, at that time being extremely cutting-edge by making the switch to output, it appears to be outdated.

However, it seems since that switch was made, many other professional bodies have adopted output-based systems and not only caught up with the ICES but overtaken it quite considerably in terms of the sophistication of output measures. Due to the very recent prevalence of CPD output measures, the field is growing at a considerable rate, and the sophistication and complexity of systems is rapidly increasing, leaving organisations like the ICES, which were not so long ago at the forefront of the movement, lagging behind in the current climate.

Another reason why the ICES scheme could be this way is the desire to appease members and ‘keep them on side’ as it were. The fact that the scheme is voluntary is a clear indication of this way of thinking, as is the lack of formal audit and the lack of defined competencies to be considered by the individual during the planning phase of CPD. It seems as if the organisation implemented an output-based scheme with the knowledge that it was generally a more effective approach, but for fear of members being discouraged from participating due to a suspicion of being judged or ‘black marked’, have shied away from a structured measurement system.
While there is no denying that this scheme is output-based (four phases to the cycle, encouragement to set learning objectives and assess whether or not they have been met), it is clear that this is not a robust system of output measurement.

ICAG

Focus exclusively on results, regardless of learning process leading to those results

The mapping of this case study produced a strikingly unique shape in terms of output measurement. It illustrated an entirely alternative viewpoint from what has been shown through the case studies so far, and indeed, was an unexpected viewpoint in today's CPD climate.

The entire focus of output measurement for ICAG is the audit not only of the outcomes phase of the CPD cycle, but more specifically the results branch of outcomes. Interestingly, the results branch is typically the most difficult type of output to link to CPD. Such results may occur due to many factors, one of which may or may not be CPD. The only way in which to link the result to CPD is for the individual concerned to describe the learning process through the CPD cycle and explain how the learning contributed to that particular result. Output at this phase of the cycle can be an indirect indicator of successful CPD, but without some sort of explanation making the connection, the success of the CPD is no more than an inference, from an objective point of view.

With this in mind, it follows that ICAG have little concern for the impact of CPD specifically, but are more focused on measuring the standard of practice irrespective of the way in which this standard was achieved. Rather than measuring the impact of the CPD from the bottom up – i.e. the learning process and then its impact, ICAG look at things the other way around. If the results are sound, then there is no further
investigation of the quality of the CPD undertaken. Only when there are found to be deficiencies in the product of an entire practice is individual practice and knowledge assessed.

Actual CPD is measured by hours and this unsophisticated input-measurement system is a further indication of the lack of concern for evidence of CPD output other than the final results. There has been no move towards an output-based scheme, as measurement of results, or practice audit alone will satisfy the requirements of the regulatory function of this professional body.

This organisation shares the objective with many other professional bodies for CPD to ensure ongoing standards, but ensures the regulation of these standards from a collective approach of entire practices rather than on an individual level, which obviously will link back to individuals to an extent, but this link is not tracked or validated by guiding or monitoring an individual through a structured learning process. The system in place is a practice audit and has little or no bearing on the learning process of CPD.

This case study is perhaps the antithesis of profile 1, with the focus being removed from the personal development of the individual completely, and the professional body instead measuring the standard of the final product. The professional body in this case is concerned solely with results: the personal and professional development of individual practitioners is in this instance is considered the responsibility of the employer.

4.6 Conclusions

From the discussion of the definitions of CPD in Chapter 1 we would have expected to see a strong distinction in profiles between those professional bodies that regard CPD as primarily a matter for supporting the personal and professional development of professionals as individuals, and those that regard CPD as primarily a way of supporting (even ensuring) that professionals are up-to-date and have maintained their competence. This is clearly shown by the distinction between profile 1 and profile 3 above. Those displaying profile 1 have taken a strategic decision to emphasise the cycle of CPD and in particular the link between planning, activities and reflection.

Though the sample is small, it does seem worth noting that all the professional bodies demonstrating profile 3 are medical ones. There is certainly a public demand for medical practitioners to demonstrate competence, which seems to be more intense than for other professions. Government sponsored demand for ‘evidence-based medical practice’ reflects the sanguinity of those concerned with government regulation of medical practice towards the benefits of scientific methods in the UK. However, the term ‘evidence-based’ is spreading to other fields. The development of league tables for educational institutions is a step in this direction. It is likely that there will be further moves in this direction, particularly for professions and professionals working in the public sector, at least in the UK.

Profile 2 as a distinct approach to CPD measurement - the particular emphasis on planning and attendant competency frameworks - was somewhat unexpected. However, returning to the definition of CPD given in Chapter 1, we note that one of the three purposes of CPD was improvement and broadening of knowledge and skills and in order for CPD to achieve this purpose, planning by individual practitioners is
needed. Supporting future professional development by providing planning guidance and frameworks and by evaluating practitioner use of planning tools becomes critical if this is the primary aim of CPD. We may speculate that this approach has been influenced by broad government education policy, particularly in the UK, which emphasises the link between education and training on one hand and specified competencies on the other. This may also be regarded as evidence for the influence of the availability of certain well-specified techniques or tools. Planning tools and competency frameworks are tools that can easily be understood by individual professionals and communicated to important stakeholders. They also can easily be adapted to different professions. It is perhaps for this reason that the planning phase of the CPD cycle is particularly well developed in terms of levels of PDV compared with reflection in particular which is regarded by some as a woolly concept. This is likely to change if new well-specified techniques or tools to support reflection are developed.

In this chapter, the trends found in the features of CPD measurement schemes have been discussed, and explanations for these trends suggested. In chapter 5 we will discuss the more general issues that came out of the case studies surrounding and affecting CPD measurement.
Chapter 5  Analysis of issues

5.1  Introduction

In this chapter we deal with a number of issues of general concern for professional bodies in deciding what type of measurement system to adopt. First we summarise the attitude to input and output-based approaches expressed in the case studies. In section 5.3 we examine different techniques for output measurement demonstrated in the case studies. In section 5.4 we examine the standard approach to output measurement: self-assessment. And in the next section we examine what many regard as the essential accompaniment to a self-assessment system: audit of CPD records. We also compare independent audit with independent assessment and consider the costs involved in this activity. The distinction between outputs and outcomes is discussed in relation to the experiences of the cases in section 5.6. In section 5.7 we examine the possible reasons why professional bodies might strategically choose not to develop more sophisticated output measures. Finally in section 5.8 we examine problems and possible solutions for professional bodies that cannot develop more accurate output CPD measures due to the resources required.

5.2  General consensus on input vs. output measurement

All of the representatives interviewed displayed a favourable attitude towards output-based CPD. Out of the fifteen organisations interviewed, only three had an exclusively input-based CPD scheme. ICPAS and ICPAK were relatively unaware of output-based schemes, and knew very little about what was involved in implementing such a system. They both however, were very open to the possibility that an output-based scheme may be worthwhile, and were extremely keen to learn more and to find out the results of this research project.

The representative from ICAG was aware of output-based CPD, but his organisation had no plans to implement such a scheme. This case revealed an attitude towards CPD, which was orientated around performance of a particular firm, rather than the professional development of individual members. The organisation does perform checks on the output of an individual in terms of the quality of their auditing, and as long as this is up to standard, they feel that monitoring of CPD by hours is sufficient for their purposes.

SAICA and ACCA offer members the option of an input or an output-based scheme – whichever is more appropriate for the needs of the individual. However, in both cases, their main scheme is based on inputs.

SAICA has a highly positive attitude towards output-based CPD, and officially intends to switch to a purely output-based scheme in 2009. However, given that their CPD scheme was only introduced in 2006, the prospect of this switch is looking unlikely. They have experienced problems with compliance, and their representative reported that a relatively low percentage of members are complying with the scheme. They are currently researching the reasons for this, but are aware that it may be due to people not understanding what they have to do, or problems with the online recording, which was recently introduced. They feel it is more important to get members on board with the simpler input-based scheme before attempting to convert to outputs. They still fully intend to adopt an output-based scheme, but are unsure as to when the membership will be ready for such a change. Although they do offer the
option to do output-based CPD, the SAICA representative admitted that very few members take advantage of this option, and he feels that the guidance provided by the Institute at present is insufficient to educate people about the benefits of output-based CPD, or indeed, how to go about it.

ACCA again offers the option for output-based CPD, but this is not run by the institute itself - it accredits output-based employer development programmes. Their main ‘unit route’ involves CPD measurement by hours. Their reasons for this are not out of principle, but rather out of practicality. Although UK based, the majority of members are international. The organisation recognises that in developing countries especially, professional bodies still rely very much upon the concept of an input-based approach. Most regulators abroad still require a certain number of CPD hours, and the organisation felt that they must keep in line with such regulations, in order to meet the needs of the membership. A representative of ACCA pointed out that in countries without a predominantly UK-based attitude, many members were not able or philosophically ready to embrace output-based CPD. ACCA, and indeed its members do see the need for some sort of output in their CPD scheme, and this is implemented through a requirement to complete a development plan, and evaluate whether learning objectives have been met. This is an initial move in the direction of output, but when it comes to official measurement, input was considered to be a more practical option.

Generally positive attitudes towards the concept of output were observed. A representative of case X was a perfect example of someone who had initially been very sceptical about output-based CPD, but after experiencing its implementation had changed his opinion entirely, “I definitely see the benefits of output now, almost to the point where I wouldn’t be bothered if we scrapped points all together. So I’ve done a 180 degree turn around over the past couple of years, and now I see the importance of the ‘soft and fluffy’”.

We must caution the reader that the sample of cases was not designed to test the relative benefits of input and output approaches to CPD. Cases were chosen to demonstrate different approaches towards output measurement. However it is notable that while these cases were generally in favour of output measures, and some very enthusiastically so, there were also some which have retained input measures given the current state of output measurement technology and particularly given the relative costs of the two types of measurement systems, in spite of recognising output measures to be the ideal approach.

### 5.3 Different techniques for output measurement

The case studies revealed six different broad techniques for output measurement. These are:

a) Qualitative statements/prose for explicit self-assessment
b) Questionnaires
c) Numerical scales
d) Formal examinations
e) Peer assessments/Peer group discussions
f) Client/patient questionnaires
g) Practice assessment based on demographic or other expectations
a) Qualitative statements/prose for explicit self-assessment.

The standard approach to measurement of CPD outputs is for members to fill out a form detailing their activities and what they have learnt as a result. Often they have specific sections where members must demonstrate evidence of reflective practice and planning, often based around learning objectives derived from competency frameworks.

The ‘measurement’ in such systems is generally done by means of self-assessment where individuals look at what they stated in their development plan, and then evaluate if and how these objectives have been met. Individuals therefore measure to what extent the learning activity has been useful to them in their professional role.

Although this sort of CPD record usually involves an evaluative element, a representative from ICES described how the organisation does not measure the output itself.

“If someone has taken the trouble to evaluate their own learning, then it is pretty hard to then evaluate their evaluation, as it were, so we will pass them if we think they’ve sat down and thought about it … we’re interested in whether they’ve thought it through.”

This sort of approach to CPD has several problems.

- Members often find it confusing – they do not know what is expected of them – detailed guidelines and examples of what is expected must be produced.
- Even if examples are provided, this stimulates further problems: PCNZ experienced members actually copying the content of the examples and trying to pass it off as their own work.
- People try and ‘see what they can get away with’ in terms of how much detail they include in their records.
- It is time consuming.
- The approach is difficult for people who are not good at writing, such as professions which are more scientific or mathematically orientated.
- It is difficult to determine a standard for audit of CPD records, at least until more clearly specified tools become available.

b) Questionnaires.

None of the organisations interviewed used questionnaires to measure CPD output, but given the problems that ICES experienced with approach (a), they were considering the questionnaire option. In place of providing the extensive guidance needed for approach a) ICES is considering more user-friendly questions in a primarily tick-box type of questionnaire format, which will guide members through evaluation of CPD in a straight-forward manner, avoiding any unnecessary confusion about what is expected from members, hence making the scheme more appealing. A representative from ICES stated: “If you ask people to think too much about their learning, I think you go into that grey area that they don’t like very much. You’ve got to keep it very specific and very short.”

Arguably this is a retreat from the technique in a). The professional body is providing a more structured format which will provide less opportunity for the professional to think for themselves. It is possible for a questionnaire to be more rigorous than a free-form format for self-assessment and make it easier to
compare the returns of different individuals as well as easier to identify progress of a single individual. Interestingly, CPBC use a tick box system in combination with approach a) to ensure members are clear on what is expected.

c) Numerical Scales.
Several organisations interviewed had developed a numerical scale for members to assess or measure the output of their CPD. Case X has an output scheme in place which involves an ‘effectiveness index’. It still retains a standard points system, where the organisation assigns one point to each hour of study, but in addition to this, members must rate the effectiveness of the CPD based on the following guidelines:

- 0.0-0.1 very poor effectiveness: pretty much a waste of time and effort or not new or not relevant knowledge
- 0.2-0.3 quite modest effectiveness but nevertheless of some benefit
- 0.4-0.5 an ‘average degree of effectiveness: this should be a typical score
- 0.6-0.7 highly effective in satisfying the learning need
- 0.8-1.0 exceptionally effective: to be reserved for rare or profound learning experiences, or where a lot is learnt in a very short time

This effectiveness value is then multiplied by the points determined by hours to give a ‘CPD value’.

A main problem with this system, as identified by Case X, is that people tend to give themselves effectiveness values of 0.9 or 1.0, irrespective of the actual impact the CPD has had on the individual. Though it is in a more structured form than technique a) it is still subjective and open to abuse.

This problem is reduced by auditing CPD records, and requiring evidence to justify the score attributed to any given activity. The motivation behind the development of this system was the specific skill set, or way of thinking of the members of this profession. As the representative from Case X repeatedly pointed out, their members are scientists, and are not skilled in writing prose, especially reflective pieces of writing. Members work with numbers and using a scale such as this comes much more naturally to them than writing as described in the approach a).

This scale system goes some way to determining benchmarks or standards with a notional target of 15-20 points per year. This gives members something conceivable to work towards – a target such as this acts as motivation to achieve.

Another problem is that ‘effectiveness’ is a rather vague term, and will mean different things to different people. At present Case X does not specify whether this is supposed to be effectiveness in terms of new knowledge, or impact on practice. Their representative conceded that at the moment it could mean ‘either or both’, and this distinction had not been clarified in the documentation made available to members. This presents a potential disadvantage to such a scheme, in that members could rate an activity as highly effective, without it necessarily having any tangible impact on practice.
PCNZ operates a similar scheme, the 'outcome credit scale', which is based purely on self-assessment, and there are only three levels. There are varied and more detailed criteria than for the scheme in Case X, and the audit is more detailed. Members are required to give specific examples to back up their score, not just general statements. They also require that members consider both increase in knowledge as well as impact on practice when assigning an outcome credit.

The outcome credit scale only measures output at the 'outcomes' phase of the CPD cycle – for the other phases of the cycle, PCNZ requires qualitative statements of output, as in approach (a). They do not measure output at the planning phase, as this is believed to be implicit in the output at other phases.

d) **Formal examinations.**
Knowledge examinations were the oldest part of the revalidation and recertification scheme for Case Y. In the past it was really a continuing professional education scheme, rather than what is now considered CPD. However formal examination may be considered CPD if it is a part of the output measurement scheme rather than CPD as a whole. This is the case for Case Y currently where the traditional examination is only one among several techniques used for the recertification. The technique of formal examination is of course common for formal assessment of learning or knowledge acquisition, particularly for CPD activities which are constituted as courses or modules that may ‘add up’ to a diploma or degree or other certification from a third party organisation such as a higher education institution. Some private suppliers of CPD also issue certification based on formal examinations which can be included in portfolios of CPD accomplishment even if they do not add up to something larger and formal.

e) **Peer assessments/Peer group discussions.**
Case Y uses peer review in a standardised form, through questionnaires. The validity of this instrument for revealing professional development value will depend on how complete the questionnaire is, the proportion of direct peers it is administered to, and how honestly and carefully peers fill it out. This latter factor will depend on the ‘culture’ of seriousness with which this output measure is taken, which will depend substantially on the efforts of the professional body. However, RCPSYCH uses a rather informal technique of output measurement by grouping members into peer groups where they discuss their development plans, and then evaluate whether or not they have met their learning objectives. Although there has not been any formal research, anecdotal evidence suggests that members like this way of evaluating CPD. They find peer groups not only valuable in terms of support, but find it a fruitful way of reflecting on what they have learnt and how it has affected their practice. Peer review is most widely used for a range of activities in the academic world which relate to career development (review of potential publications) as well as institutional assessment and accreditation. It is well accepted within that community and seems to be accepted by other stakeholders to the academic world to the extent that they are involved with it: government sponsored general assessments for financial provision to institutions or general media reporting of articles appearing in peer reviewed journals. However for other professions there is a danger that peer review in relation to the purpose of ensuring competency through CPD may be regarded as subjective and not disinterested. On the other hand this form of assessment can be extremely important for the formative development of individual professionals.
f) **Client/patient questionnaires.**  
Case Y uses techniques that one would have thought would have been the expected technique when the label output-measurement is suggested to the non-initiate in CPD. One of these is a survey of patients, who respond by phone or on the Internet. A primary problem with this method is that the sample of respondents is not random. There are biases both because it is up to the professional to distribute the questionnaires and because the technology for responding to the questionnaires excludes those without the necessary equipment or expertise to respond.

g) **Practice assessment based on demographic or other expectations.**  
All the techniques of output measurement described above focus on the individual. Practice performance assessment as developed by Case Y focuses on the practice itself. How can a practice be assessed, and how can CPD activities be connected to that assessment? Beyond asking peers and clients, it is possible to develop standards for practices, however this route is fraught with difficulties. These standards are unlikely to cover all activities as the work of professionals is complex and varied. However, there are some benchmarks that can be developed. For example, pharmacies, general practitioner practices, hospital departments, dental practices can be judged by the incidence of certain diseases or by the use of new techniques for testing or treating patients or clients. These measures can be set against demographic features of the clientele in order to determine expected levels of testing or treatments or disease or curing rates.

However, there are numerous problems with the accuracy of such measures, even if the definition of standards is limited to a few well defined areas. Because all the activities of the practices are not being assessed and it may be that the extent of attention paid to those that are assessed will necessarily be different due to other demands on the practice. It may be that assessing by certain non-comprehensive characteristics will skew effort in the direction of those activities to the overall detriment of the practice. In addition the measures themselves cannot be perfectly accurate because the models for demographic features will be incomplete and are likely to be crude. In addition there is the ultimate problem of assessing the output of CPD, which is that changes in practice may have occurred for other reasons or that new understandings arrived at from CPD participation may have no immediate effect on practice. The effects must come in the long term because some of the activities of CPD are intended to be preventative, or concern how to deal with situations which may arise infrequently. The efforts of Case Y to assess practices is supported by national statistics which are clearly very expensive to compile. In the medical field such efforts can be supported by government agencies sponsoring the collection and analysis of the data needed to define national profession-wide standards due to the importance of public health. It may be that for such output measurement techniques to become more widespread, governments or other third parties must be convinced to support the development of nation-wide practice standards for other professional practices in the public interest, or in the context of national competitiveness.

Whatever the current difficulties of these techniques for practice assessment are, it must be emphasised that this is a new area of development and it is likely that techniques will be improved in future as long as the concern for CPD and for output measures of CPD persist.
5.4 Broad approaches to output measurement: self-assessment

Most of the professional bodies in the case studies used self-assessment as the primary means of output measurement. Some stated that this was the most resource-efficient, but many believed that out of principle, the individual should have the autonomy, and indeed be granted the trust required to assess their own competence in their role. As a representative from CIMA, which works on a principle of trust, stated: “That’s one thing we took from the older ideas of CPD that were based around obligation and duty – we’ve had to say we trust people as professionals having gone through a certain amount of torture to get their professional qualification that they have that sense of responsibility and trust.”

A popular opinion evident in the interviews was that only the individual knows exactly what is effective CPD for their role – and the professional body, with such a diverse membership of people doing very different jobs, is not able to dictate what is useful for an individual.

However, with self assessment, it is preferable to establish standards against which members could benchmark themselves and help them set targets. Competency frameworks are a common way of setting standards to aid self assessment. They allow members to set themselves targets and then go back and assess if they have been successful in achieving them, rather than vaguely speculating if they have learnt anything useful at all.

IITT has taken many steps to ensure that self-assessment is a valid method of measurement. Their system involves a complex calculation where members assign a point score to each competency they are working on, and this score can be in the category of competence, ability or experience, the value of which goes up in an ascending scale respectively. This is then multiplied by the competence weighting, which is unknown to the individual. This hidden calculation system avoids any manipulation of the system, and retains a certain objectivity to the self-assessment – a member cannot straightforwardly give themselves a maximum score.

In addition, there is a robust and clear set of criteria for the self-assessment scoring, which the representative from Case X believes makes this method of measurement ‘semi-objective’. By defining these criteria so well, IITT has developed an alternative to rigorous training of external assessors, hence limiting the resources required in this area.

Ultimately though, an opinion which came through in so many of the interviews was that the individual will gain nothing from being dishonest in self-assessment. As the representative from Case X so eloquently put it, “OK, so self-assessment isn’t the strongest mechanism in the world, but at the same time, if you put something different to what is real, then it’s the equivalent of cheating at Patience [Solitaire] – it’s yourself that’s the loser.”

Only one organisation had actually moved away from self-assessment as a principal method of output measurement. Case Y uses a combination of self assessment, patient records, patient and peer feedback questionnaires, and knowledge tests. The data is then processed and fed back to members, indicating whether they have met national targets in various areas.
But with such a rigorous system comes expense – the content of the system has cost the organisation over $100,000 to date. There were also substantial costs in addition to the system itself.

As noted in the introductory chapter, there are different purposes to CPD. If the purpose is to support professional and personal development, then self-assessment is essential. Part of being a professional is to take charge of their own development, as well as being trusted to do so. For many professionalism is synonymous with reflective practice, and therefore it is essential that professionals reflect on what they have learned and on how that learning will affect their behaviour and their practice on a continuous basis as evidence of the value of CPD for their professional development, but also as part of that professional development itself. Self-assessment in this sense is both a measure of CPD output and a CPD output in itself.

Self-assessment is less important, and could be interpreted as a drawback to achieving clear professional development value measurement, if the purpose of CPD is to ensure that specific competencies are achieved. Arguably it would be better to have independent verification that the competencies have been mastered and that individuals have demonstrated these competencies in practice situations. However, if the purpose of CPD is to support overall professional competence, then self-assessment may still have a critical role.

5.5 Broad approaches to output measurement: auditing, auditors and assessment

5.5.1 Audit and CPD Output Measurement

One way of reducing the drawbacks of self-assessment, of achieving a degree of objectivity with self-assessment techniques, is to combine it with an audit of members’ CPD records. An audit seeks to provide ‘reasonable’ assurance that the record is free from material error. For example, a set of financial statements are said to be true and fair with a financial audit, if they are free of material misstatements. The presumption is that audit will be performed by someone who is independent and objective, that is, someone who has no interest in the outcome of the audit or preconceived notions about it, and someone who is competent to make the required judgement. The audit is not concerned to judge the success of the firm, only that the information provided is a true and fair representation of what the financial statements are purported to represent. For CPD it would be that audit is concerned to judge whether statements made in the professional’s self-assessment are a true and fair representation of what output was achieved.

Most professional bodies interviewed regarded some sort of audit as necessary for verification and to ensure validity of measurement. The rigour of these audits varied considerably among the organisations interviewed. Some, for example CIC, thought self-assessment was sufficient, and thought the onus should be on the individual to complete their CPD to a suitable standard. They did not therefore audit self-assessment generally, although there is an option for third party auditing if people so wish.

All organisations that performed audits, audited only a sample of submissions, with one targeting those carrying a higher risk for audit. Several organisations audited
only a proportion at any one time, but ensured that after the duration of a full cycle of CPD, the entire membership will have been audited at least once.

5.5.2 Resources Required for Auditors

Resources required for auditing varied. Case X for example only has four or five auditors who work on a voluntary basis out of office hours. The auditors are provided with training and guidelines, and spend around 30 minutes per record.

PCNZ have a more advanced auditing system, where auditors are elected and paid, doing this on top of their regular jobs. The auditors go through considerable training, where they are provided with various examples, and then asked to assess the learning, giving them a clear idea of what meets the standards. There is also a chat group for auditors where they have the opportunity to present different scenarios to each other and to discuss what sort of level they would require for the different outcome credit levels, and what sort of evidence they think is acceptable. It is clear that to implement a robust auditing scheme requires a high level of resources. PCNZ is finding that the process is taking up more resources than first anticipated, but are sensitive to the possibility that this is due to the fact that this is the first audit and the initial training of the auditors is what is proving most resource-intensive. Auditors in this case are peers of those being audited and therefore have background knowledge, and some authority to make judgements based on experience. IITT also use peers to ‘sign off’ members’ CPD records.

The majority of organisations audited CPD records on a standard satisfactory/not satisfactory basis. There was no further credit for those who had exceeded the level of ‘satisfactory’. For the organisations that have implemented a numerical scale for self-assessment, levels of quality were established, and it was the auditors’ job to ensure the validity of these levels. For those with qualitative self-assessment, there was little distinction between records other than the distinction between those that did and those that did not meet the requirements – which was often vague.

Very few organisations interviewed had any notion of a scale of quality when it came to auditing.

IITT uses different levels of competence to determine levels of membership – in order to move up a membership level, there is a higher quota of points required, and these points must be maintained or the individual will be delegated to a lower membership level. Case Y linked levels to pay – they have a pay for performance scheme, where if members meet certain performance (outcome) targets, they receive a monetary reward. It is however likely that this is perhaps not appropriate or feasible for many professional bodies.
5.6 The distinction between outputs and outcomes

This section brings up an issue over the distinction between CPD output and CPD outcome, and questions which of the two should have priority in a professional body’s measurement regime.

‘Outcome’ is the actual result or impact of the CPD activity – how it has affected knowledge, behaviour, practice or organisational development. It is only one phase of the CPD cycle, and therefore measurement of outcomes is not measurement of the output of CPD as a whole.

‘Output’ is generated at three of the four phases of the CPD cycle, including outcomes. Output can come in the form of a personal development plan at the planning phase or a reflective piece of writing at the reflection phase. We are loosely defining outputs as whatever emerges from CPD activities that a professional body chooses to measure.

There are several ways we can think about the distinction between outcomes and outputs. One is the distinction between direct and indirect results of CPD activities. In these terms, outputs are direct effects or results of CPD activities. For example a plan or a piece of reflection or the results of an examination following a course. On the other hand, outcomes are indirect effects, effects that require some intervening factor.

Another way of thinking about the distinction is in terms of ‘intentionality’. Outputs are intended effects. They are things specifically required or requested by the professional body as evidence of CPD. Outcomes are both intended and unintended effects of CPD activities. What actually occurs as a result of CPD activities will depend on intervening and contingent factors, most of which are beyond the control of the individual professional, the direct supplier of CPD activities, and the professional body.

Two of the most advanced organisations in terms of measurement only apply their developed system to the outcome phase of the cycle. Case Y is orientated around performance and knowledge, but there is no measurement of other phases of the cycle, and may not even relate to one specific development activity. However, this is a ‘performance assessment’, and although it generates CPD points, is not strictly CPD. It is very useful though, to see the potential of objective measurement at the outcome phase of the cycle.

PCNZ does have a proper CPD scheme, and again, it is the outcome phase which is measured using the outcome credit scale. Although the other phases are required and audited, they are not measured in the same detailed manner.

In order to gauge the full impact of CPD on the individual as a professional, rather than exclusively their job performance, it is advisable to collect material at each phase of the cycle. But how valid the measurement at each of these phases is depends ultimately on the objectives of CPD for a particular professional body.

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4 IES7 referred to what we are labelling “output” as “outcome”. “Outcome” in this report has a more refined meaning, detailed in this section.
If the role of the professional body is simply to ensure competence, then measurement of outcomes is perhaps enough, but to monitor the professional development of an individual, output at each phase will be equally valuable. For example, perhaps the development activity had no or little impact on practice. The reflection of this event, and its lack of success, may contribute independently to the professionalism of the individual.

The degree of emphasis on outcome specifically, may be contingent upon the regulatory function of the professional body, or the risk involved in the particular profession. For example, a regulatory body, or a profession where there is a life/death risk, may prioritise outcome assessment over overall output measurement.

A more rounded measurement of output may also be advantageous in instances where the individual is already competent in the particular area, so there will be no tangible change in knowledge or performance. However, the other elements will enhance the professional development of that individual over and above competence.

### 5.7 Strategically determined directions for professional bodies

We may consider directions towards output measures for professional bodies in terms of our model in two ways: how far they go along each of the ‘rays’ and what is the degree of balance of how far along the rays in relation to each other. Why might professional bodies choose not to develop more sophisticated output measures which can be interpreted as more accurate measures of professional development value at each phase of the cycle for strategic reasons? This involves a number of considerations.

- **External pressures**
  Pressures on professional bodies from government, the media and clients to demonstrate competence or at least to demonstrate efforts at maintaining competence, broadly pushes them towards output measures in general, but more specifically towards a higher PDV measurement level at the outcome phase. If this is the primary motivating factor, then planning and reflection become less important than outcomes and practice outcomes become the most important of all. However this pattern is complicated if the planning process is highly oriented towards a competency framework and if reflection is primarily on how practice can be affected by CPD activities.

- **Purpose of CPD being directed to personal and professional development of members**
  If the prime strategic aim of CPD is personal and professional development, the process itself becomes more important and the planning and reflection phases become critical. Outcomes may be less pursued, not because they are not deemed to be important, but because their importance is not so great compared with planning and reflection.

- **Prescriptive and rules-based aspect of more sophisticated output measures may lead to compliance motivation rather than concern for PDV itself**
  Another element associated with the strategic aim of personal and professional development is the view of whether the professional body should be encouraging and
enabling members, or prescribing what CPD members should be doing. Encouragement and enabling suggests formative assessment rather than summative assessment. Arguably as one moves further along the rays of the model one moves towards greater prescription of requirements. What is expected in terms of professional development value becomes clearer, but also tighter, more rules-based. There is an argument stating that rules-based, rather than principles-based compliance requirements can be counterproductive. CPD may not add value if whatever output measures are required are completed for compliance purposes. Or to put it the other way round, if what is required is prescribed in too much detail, people will not carry out what is expected of them to increase professional development value itself, but rather to raise their ratings on the output measure of that professional development value. They will follow the rules rather than the spirit of what is required. Problems associated with input measures, such as people ticking attendance boxes rather than actually paying attention and learning from CPD activities, can also occur with output measures. People filling out reflection forms in a formulaic manner which follows detailed guidance of the professional body, for example.

- **Professional autonomy of members**

The danger of prescriptive, rule-based compliance requirements may be seen as the danger of going too far towards a certain kind of output measurement which may otherwise be seen as having high PDV. In general we have presumed that more guidance is better than less.

However, for many, an essential part of the definition of professionalism itself is that professionals act autonomously: that it is up to the professional to decide what services are appropriate to provide in any given circumstance.

This characteristic of professionalism in general can be applied to CPD: that it is up to the professional to decide on how to fulfil their requirement to keep up to date or to develop their professionalism. It is possible to maintain this position and go some way along the rays of our model. Individuals need to plan and reflect on their CPD and they need to carry out CPD in ways that will lead to new knowledge and practice improvements. If the required new knowledge or if precisely in what ways practices should be improved is not specified, then arguably professional autonomy is maintained, even if the output of whatever CPD activities professionals choose to undertake is assessed. However some CPD programmes do provide competency frameworks and in some schemes the criteria for assessing CPD activities are strictly laid down in a manner which many professionals regard to be a transgression from the principle of professional autonomy.

### 5.8  Economically determined directions

What routes seem easier for those on a budget, and do resources really affect the effectiveness of a measurement scheme?

#### 5.8.1  Self-assessment and limited audits

Clearly the easiest route towards an output based CPD measurement scheme would be based on self-assessment. The simplest of these systems would be to require members to fill out questionnaires after CPD activities. These questions should relate to what value the CPD activity had to supporting the member to improve their practice. While this approach can provide a degree of support for individuals in their
CPD, by itself it can hardly provide more convincing support for ensuring that those individuals are indeed keeping up their competencies. If the questions are sufficiently detailed a small step towards supporting the ideal of ensuring competency may be achieved. However, for this to have real credibility some form of audit is needed, which can be expensive.

However, there are two strategies that can be pursued in order to keep the cost of audit down. First, a detailed tick box or multiple choice questionnaire could be administered. This would make auditing relatively straightforward and remove the need for substantial training of auditors. It could also be checked electronically and online. The transparent audit criteria could be so many of the boxes ticked and of the multiple choice questions answered.

If the professional body is small and if the audit is carried out only on a random basis on a small sample of returns per year, it may be carried out without great financial hardship for the professional body allowing for the questionnaire to have a limited number of open ended questions. However, for such a policy to have credibility the criteria for passing an audit must be clear and the consequences of not passing must also be clear. For example, if the technique of information provided by the CPD activity can be applied to practice, the questionnaire could call for an example. If the penalty is clear and consistently applied, this may reduce the need for a substantial proportion of returns to be audited.

5.8.2 Employer Development Schemes

Accreditation of employer development schemes as an alternative to developing a system of output measurement within the professional body itself, can be another strategy to ease the financial burden. Many employers have such a scheme, which often involves peer review and assessment of knowledge and performance – the equivalent of CPD output. It is often the case that professionals have employer performance reviews and development schemes in addition to the CPD requirements of their professional body. Sometimes this means completing two different types of recording or measurement for the same activity. By using an accredited employer development scheme, the professional body can be sure that members are completing CPD, but save on resources by not having to develop, assess or administrate their own scheme.

There are however problems with this:

Firstly, not all employers have development schemes, and if they do, they may not meet the standards of a professional body’s CPD requirements. Alternative arrangements must be made for members in such circumstances. ACCA use such a system as one of their CPD routes. For members who cannot, or wish not to follow this route, there is a unit route which is input-based. It seems that by taking this approach, those who work for smaller firms or for themselves do not have the opportunity to undertake output-based CPD and are hence excluded from the benefits it presents. SAICA is considering this move as a first step towards output measurement. Because they do not currently have the resources to develop an exhaustive output-based scheme, by accrediting employers’ schemes, at least some members can benefit.

Secondly, the objectives of the employer may not be aligned with the objectives of CPD for the individual as a professional in the broad sense of the term. An employer
development scheme will embrace the needs of the current job, but may not fully take into consideration the long-term career aspirations of the individual, which may be outside of that particular employer, or job role. Although PARN has observed in the past a tension between the objectives of an employer and the objectives of CPD for an individual professional, none of the interviews for this project voiced such an opinion. For example, the representative from SAICA was of the opposite opinion: “My view is that what an employer wants of you, that’s all to do with your career.”

This chapter has outlined general issues surrounding the types of measurement schemes. In the final chapter, aspects of all the information gathered in this report will be combined in order to draw some general conclusions and suggest ideas for further work.
Chapter 6 Conclusions

6.1 Introduction

In this concluding chapter we pick up on a number of issues. First we reprise the advantages and disadvantages of general input versus output CPD measurement systems within the context of information gathered through this study. In section 6.3 we briefly consider whether a balanced approach to the different phases of the CPD cycle is best. In section 6.4 we note how our concept of professional development value relates to the public interest. Finally we look at the future for output measurement of CPD and focus on ideas for further research.

6.2 Input vs. output: a reprise

The information provided in the case studies allows us to revisit the general arguments for and against input and output approaches to measurement of CPD in only a limited way because the cases were chosen to illuminate different approaches to output measurement, rather than success and failure of input approaches. The case studies did demonstrate a wide range output approaches and techniques for measuring CPD, even if we would estimate that most have only introduced limited forms of output measurement, primarily focusing on self-assessment concerning planning and reflection on the experience of CPD activities with unstructured consideration of various outcomes that may be associated with professional development value (PDV).

The experiences of those we have found in this situation have been primarily positive, and several individuals working at professional bodies have themselves been converted in favour of output measures as a result of their experiences. What the cases clearly demonstrate is that professional bodies can introduce output measures with good success and without prohibitive cost. Nevertheless these schemes have not been a total success. Many still experience a low level of CPD record returns where such records are not mandatory.

A further general point about output measures these cases demonstrated by the cases is that audit of CPD records is important, but that if it is to serve its purpose of providing a degree of ‘objective’ or ‘independent’ information on the truth and fairness of the self-assessment returns, then considerable investment of resource is required. It is a combination of self-assessment and widespread audit that is needed for output measurement of CPD to be viable and for it to achieve a degree of legitimacy. However what several professional bodies have shown is that most of the high resource cost may be borne by volunteers. This still leaves the cost of coordinating auditors and of training them to ensure consistent standards among auditors, particularly if there are many of them.

Another point is the great difficulty with taking the next step with output measurement, which is to measure outcomes, particularly practice or organisation change outcomes. Here those few professional bodies that have implemented these sorts of output measurement systems have been faced with a great deal of cost, and a certain amount of dissatisfaction among individual members.

The model of CPD measurement provides a different perspective. It allows us to say, not only that many different types of output measurement techniques and systems
are being implemented, but also it provides a way of distinguishing and comparing them.

Overall we may summarise the relative advantages of input and output approaches to CPD measurement as follows.

Advantages of the input approach:
- It is simple and therefore relatively easy for members to understand what is expected of them.
- It is relatively easy to implement, monitor and administer. While extra resources are required to implement any measurement system, recording inputs need not be particularly sophisticated, even for a points system, though we have found that points systems do cause confusion among members.
- It does not present substantial additional measurement cost burden.
- It is the earliest approach and therefore there are certain ‘network diseconomies’ to switching away from it if one is part of a network that is still largely using input approaches. This is the problem expressed by some of the cases where they found it difficult to move entirely away from an input approach because a number of organisations in their group in other countries, where only input measurement is used, could not be pushed towards an output approach. The ‘drag’ of this factor occurred because of the need for comparability and to be seen to deal fairly with individuals in different jurisdictions, particularly as people move between jurisdictions.
- If the purpose of CPD is primarily personal development, the need for certification based on output will be reduced.

Disadvantages of the input approach:
- While it is relatively easy to monitor inputs, input systems have not been well monitored by some professional bodies and it has therefore gained a poor reputation, not only for this measurement method, but also for CPD in general.
- While it is a simple system to operate, it is also rather easy to see how it can be abused and because the forms of abuse are relatively homogeneous and transparent, this also contributes to the impression that CPD is not being taken seriously. For example, if someone falls asleep during a lecture, it is open for all to see. If someone gets a friend to sign in for them, the ‘conspiracy’ can attract attention.
- It is well-ingrained in modern culture, where education is subject to frequent and seriously organised testing, and where certification is based on results of testing, that mere attendance is not a good proxy for learning. This was not always so and there are some instances where admission to an education institution counts for something independently of passing the tests set by the institution, however, all education institutions considered to be of merit have such tests and will not issue certification without these tests being satisfactorily completed.
- Even if the purpose of CPD is primarily personal development, it is useful for some output measure in order to allow the individual to monitor how well they are doing.

Advantages of the output approach:
- The most obvious advantage is that output approaches attempt to measure what CPD is intended to achieve directly.
- A second advantage is that output measures provide a means whereby individual professionals are able to monitor their own progress. They can be
used as the basis for targets for further progress as well as a measure of how far individuals have progressed so far. In this they provide a way of monitoring progress in terms which are closer to the purpose of CPD, PDV.

- They allow the professional or regulatory body to monitor progress of professionals which can be used to support the ethical requirement of members keeping up-to-date or keeping up their competencies.
- Output measures can provide benchmarks for higher level roles within the profession such as fellow status. Again, while input measures can be used for these purposes, output measures are more likely to be regarded as a real hurdle that makes individuals worthy of such higher roles and are therefore more likely to be acceptable to the wider membership.
- Output measures allow professional bodies to send signals to various stakeholders that the profession takes maintenance and development of competencies seriously. This is important for clients and the general public, but also, as CPD and output measures of CPD become more widely understood by the general public, it will arguably become more important for increasing the influence of the profession and for attracting good candidates to the profession. This has become, for some, a most important factor in recent years due to the bad press professionals have recently received due to high profile cases of incompetence as well as lapses in ethical competence.
- There is an interesting argument in favour of output approaches over certain input approaches. This is that input approaches, particularly those based on a points system, involve professional bodies attempting to control output by allowing only certain activities to count towards CPD hours or points. Points systems can be more sophisticated in that they can allow for a wider range of activities to count because they allow some activities to count for less than others. However with output measures and self assessment, it is up to the professional themselves to decide what has been of professional development value.

Disadvantages of the output approach:

- Connected to the more direct identification and measurement of purposes of CPD, it is possible that the output measurement approach taken provides little in the way of verifiable identification of PDV achieved.
- There are many different output approaches, reflecting in part different ideas as to the purpose of CPD and its connection with PDV. This can be confusing to individual professionals. The model of output measures we have developed here is complex, in part reflecting the different purposes of CPD, in part reflecting different phases of development in output measuring of different professions.
- Output approaches are developing and this means that early adopters of such systems may have to change their systems in future to take into account of new developments and to keep up in the current environment. It is likely this development will occur in phases, leading to a pattern of a wide range of practices among professions making it difficult for clients and the general public to understand just what is being measured and how.
- The output approach promises much. Most output approaches can not deliver an accurate measure of certain ultimate purposes of CPD. On one hand CPD cannot guarantee that professionals will be up-to-date. Many systems cannot even guarantee that competencies maintained or developed explicitly within a CPD framework will be satisfactorily executed in practice. Furthermore, there is as yet little systematic evidence that CPD does in fact lead to substantially improved practice. While CPD measured by outputs may be logically expected to deliver better results than CPD measured by inputs, the gap
between expected benefits with an output system compared with an input system is likely to be less than the actual gap in benefits achieved. However, it is likely that the distance between these two gaps will be reduced in future as more professions gain experience with output measures (and the overall quality of CPD activities improves with new technology such as online courses and simulation techniques).

- Related to the above point is the issue of relying on self-assessment. A number of professional bodies using output measurement, particularly at the reflection phase, have reported a concern that outputs are ‘subjective’ and therefore presumably not clearly connected verifiably to PDV. This need not be a problem, particularly when combined with a serious audit system or a secondary assessment system based on peers or clients. Also detailed questions and guidelines for scoring outputs, can reduce some of the subjectivity as well as making it easier to audit consistently. However, it currently is a problem for most professional bodies adopting output systems, because self assessment returns are insufficiently supported by guidelines and scoring systems, audited or evaluated.

We believe some of these disadvantages at least are likely to be rectified in future.

Many of the disadvantages of output based systems are not inherent in such systems, but are rather a reflection of the early state of development of such systems. Costs of output measurement systems are likely to fall with further developments in online software, costs of auditing are also likely to fall as standards expected become better established and more experience is gained with training of auditors. Most significantly we believe that techniques of practice appraisal are likely to improve as we discuss in the next section.

Along with improvements in the supply of output measurement techniques, we believe the demand for such systems will grow significantly as pressures on professional bodies towards providing evidence for continuing competence and maintaining professionalism grows both from professionals themselves and from other stakeholders.

### 6.2.2 Dealing with the critique of moving to outputs from scientifically oriented practitioners

The criticism that one cannot accurately measure outputs, particularly practice outcomes, can be a powerful one. Any measurement system can be criticised as not accurately measuring what you actually want to measure, if what you want to measure cannot be controlled under laboratory conditions. However the answer to this is three-fold:

a. Measurement of CPD is a moving target. It is only recently that professional bodies have been trying to measure CPD outputs and particularly practice outcomes. There is some experience with measuring practice performance as part of initial qualifications based on placements and apprenticeship schemes, but these experiences are not precisely relevant to assessing CPD outcomes from seasoned practitioners. Still methods are developing in terms of electronic observation techniques and familiarity of peers and clients with carrying out evaluations and reviews. These too can be electronically aided.

b. Some of the problems of any particular measurement method can be alleviated by using multiple methods of measurement. We have described
various measurement methods along the each of the ‘rays’ of our model, i.e. review of self-assessment, peer review, client/patient review, technical audit and assessment possibly through electronic monitoring.

c. It is important to go down this route even if we are not there yet, and it is not perfected, in order to be seen to be supporting professional competence. It is important to be seen to be taking on the problem, even if it is not solved. For those professional bodies that wish their CPD schemes not only to actually support their members to maintain, improve and broaden their knowledge, skills and competencies, but also to be seen to do so in order to reassure stakeholders that members can be trusted to be competent professionals, serious attempts must be made to measure CPD by outputs, particularly at the outcomes phase of the cycle. The only way these arguments can be countered in the end is for the technology of output measurement to improve and this requires an active community of professional bodies working on developing such techniques.

6.3 Is a balanced approach best?

A balanced approach could be said to have a measurement scheme which achieves a similar PDV measurement level at each phase of the CPD cycle. We do not believe that it is prudent to give a strong judgement one way or another as to whether or not such an approach is “best”. Different professional bodies will place different emphases on the various purposes of CPD, and this will, as noted in chapter 1, have consequences on which CPD output measurement system is appropriate. If the purpose of CPD is mainly personal and professional development, then it may be that a system skewed towards planning and reflection is all that is required. Resources should not be expended on outcome measurement if this is the case. If the purpose of CPD is mainly maintaining competence and ensuring, or reassuring, that competence is being maintained, then output measurements on outcomes, particularly practice outcomes, are paramount. Going far along the PDV measurement dimension for planning and reflection will be less important here.

On the other hand it may be argued that encouraging professionals to reflect and plan their CPD is important even if the emphasis is strongly on outcomes. Similarly outcomes are important even if the emphasis is on individual professionals taking responsibility for their CPD. The CPD cycle is intended as an integrated process and outputs measured by planning, outcomes and reflection may be said to complement each other in the overall achievement of PDV.

One way of distinguishing these arguments would be to emphasise the importance of a balanced approach to CPD output measurement in the long run, but that given limitations of resources, experience and technology, a skewed approach may be more realistic in the short to medium term.

6.4 Professional Development Value and the public interest

PDV measurement is a complex phenomenon, as has been noted throughout this report. CPD serves several purposes and the interests of several different categories of stakeholders. One can argue that PDV measurement serves the public interest in three broadly different ways: direct, semi-direct and indirect. Direct practice outcomes from professionals maintaining and developing their competencies will directly benefit the general public in their roles as clients/patients. In a semi-direct fashion, improved
professional services will be of public benefit to entire economies and societies. The availability of and exercise of more ethically and technically competent medical or financial services improve quality of life in terms of physical and financial health and this can reduce the spread of bad physical and economic health more widely in the population of individuals and organisations. A greater sense of security or trust in these services is also likely to be forthcoming. Indirectly, even those dimensions of a CPD scheme, such as supporting the personal and career ambitions of individual professionals, can contribute to the public interest indirectly if this encourages more individuals in society towards a more professional approach to their work.

On the other hand, there are costs involved in achieving higher levels of PDV measurement and these costs may be borne by people other than the professionals themselves by being passed on through higher professional fees. In addition there is the related public concern that CPD represents a restraint on trade, a way of professional bodies limiting the supply of accredited professionals.

One problem with PDV measurement in relation to the perceived public interest is that CPD is that it is not well understood by the general public (and not even by many professionals themselves). In addition the options available for measurement of CPD and how professional bodies can move up in their level of PDV measurement are not well understood by many professional bodies, or their members and the general public. This derives from the complex and changing nature of CPD and the range of stakeholders involved. The concept of PDV measurement as supported by the model of the CPD process developed here is intended to illustrate current practice of output measurement of CPD in a manner that can encourage benchmarking. In addition we believe the model and the analyses of the case studies provided here can help clarify the issues involved in adopting a particular CPD output measurement scheme.

6.5 The future of CPD measurement and ideas for further work

6.5.1 Introduction

In the near future we expect that more professional bodies currently using input measurement methods will move towards limited output approaches. Certainly the identification of the simplest output of participation in activity and evidence of planning and/or reflection is relatively cheap now and there are many models of guidance planning documents and guiding questions to be answered as part of reflection on CPD that can be adapted from others.

A number of areas may well be developed in the future, for example, development of better and clearer guidelines and tools for measuring reflection and development of an assessment or evaluation element to audit in general. These issues and others are considered in the context of ideas for further work in this final section.
6.5.2 Specific output measurement issues for subsets of the membership

Honing CPD measurement to specific circumstances among subsets of the membership can improve the quality of output measurement as well as improving the overall professional development value of CPD for the membership. Some professional bodies have developed schemes that target CPD for particular subsets of their membership. We have not pursued these details of CPD schemes and how they affect and are affected by output measurement schemes. These could be pursued in future for the following subsets of the membership (among others):

- Type of learner
- Phase of career
- Sector – some more comfortable with writing or scales, depending on skill set of the profession.

6.5.3 Regulatory Impact Analysis, the public interest and decisions on CPD output measurement schemes

At a recent IFAC meeting use of regulatory impact analysis (RIA) was considered to:

- allow IFAC to communicate what it considers to be “in the public interest” and why;
- to balance and trade off the needs of various stakeholders and the costs and benefits of various actions;
- to receive input from the public on their views and to incorporate this information in decision making;
- and to be transparent about the decision making process that was followed and the rationale used in making a decision that is in the public interest. (Agenda Item 6.2.1 IFAC Board Meeting, September 13-14, 2007)

It was not the purpose of this report to feed into such an analysis, but the model and the distinct profiles outlined in Chapter 4 could be used as options to feed into a decision making process on recommended CPD output measurement schemes or at least on guidelines suggesting the circumstances in which different output measurement schemes would be recommended.

6.5.4 General development of the model and testing for robustness

The model has been developed based on theory, limited case study evidence and a fairly sanguine attitude towards how it can be developed in future. It is therefore both somewhat over-specified and at the same time rather crude. It is somewhat over specified in that we have indicated fairly precise steps along the PDV measurement scale for each of the phases of the CPD cycle. For example we have presumed that in order to reach level 3 and higher for the planning phase, some sort of competency framework is needed and the more detailed that competency framework is, the higher the level of PDV measurement. However it is unlikely that we have examined all ways of reaching level 3 or higher PDV measurement for planning with the 15 Case Studies of this project. It may be that other cases use other forms of planning tools which are not competency frameworks, but are rather frameworks based on personal characteristics or professional capabilities. Instead we may find that competency frameworks are a specific example of a wider more generic set of planning tools which we have not named. In this sense we may say that the scale
analysis discussion in chapter 3 should be treated as a thought-provoking exemplar, which may well be supplemented by broader and more generic terms as more cases are added to the analysis.

The model is also rather crude compared with what it may be with further work in two senses. First, we have limited ourselves to only 5 points along the PDV scale for each of the phases of the CPD cycle (except for the activity phase which can only reach level 2 in our model). The scale may be extended as more examples are found. Secondly, while we have indicated that there is more than one way of moving up the scale upon examining the cases in detail, the number of different routes we have found is clearly limited by the small number of cases we have examined.

In order to develop the model further more precise information and information from a wider set of cases should be gathered in order to develop the following aspects of the model.

- A more detailed and more robust set of scales along each of the rays of the model. At the moment we have only specified a few steps along each ray and a few ways of getting up those steps towards the identification and measurement of higher levels of PDV. More precise questions need to be asked on a consistent basis to more professional bodies.
- More examples are needed of mapping overall profiles to see if those specified in chapter 4 are robust or if others emerge when more cases are examined.

The research methodology used here was solely to contact those responsible for CPD and CPD measurement at professional bodies. No attempt was made to contact individual professionals to get their perspective on output based systems. Also other stakeholders were not contacted such as peers, clients and employers. The latter two groups are particularly important judges of the value of CPD. It would be interesting to see if there are correlations between attitudes of clients and employers towards the value of CPD in engendering trust, confidence and a willingness to pay for professional services or salaries on one hand and levels on the scale of each of the CPD phases and different profiles of CPD schemes using our model on the other.

Questions might be addressed such as: Are some profiles more successful in the eyes of clients and employers than others? Are there particular turning points in the effect of CPD measurement schemes when they reach a certain level along each of the scales for the different phases in the CPD cycle? Is the difference in success between professional bodies generally at level 4 much greater than those at level 3, or is the main benefit to be had by moving to level 3?

A further aspect of the model that could be developed relates to the interpretation of the measurement scales at each phase of the CPD cycle. We began with the presumption that these scales represented the extent to which measurement schemes were picking up output of CPD, we actually first thought of the scale as measuring ‘outputness’. After preliminary criticism of this term we decided to label the scale as measuring professional development value or PDV, as this was a term that could be used to denote what the output of CPD was generically, that is, embracing all the different purposes CPD could be thought of as serving (as discussed in chapter 1). However, using the term PDV suggests that higher level output measurement schemes are higher in two different senses, as noted in chapter 2. First, higher level PDV measurement systems are able to discern the achievement of higher level of PDV, that is, are able to identify and provide evidence that can be relied upon, for the achievement of higher PDV outputs than lower level systems. For example, input measures can tell us little directly about professional development
value of CPD at all. Crude output systems, such as one which simply requires professionals to reflect on the value of their CPD activities would make it difficult to distinguish higher level, critical reflection particularly if the system only uses self-assessment with audit merely to determine if a minimum level of reflection was expressed. Second, higher level PDV allows a finer distinction of member achievement of outputs from their CPD; that is, it makes it easier to distinguish different output achievements from CPD according to the degree of PDV.

This distinction between the range of PDV that can be discerned and the fineness of the distinctions among different levels of PDV that an output measurement scheme can discern needs further analysis and empirical support and this is likely to require a different research methodology than we have pursued. Two further related issues which are suggested by the model would require further research. First, the issue of how far one can go in identifying higher levels of PDV on each ray of the model. Have we identified the current limits of what CPD output measurement schemes can achieve? Can we identify characteristics of better schemes than those that can be found today, in terms of identifying higher levels of PDV? Second, what is the relation between higher scores on individual phases of CPD, on the individual rays of the model, and the overall PDV measurement level of a general measurement scheme? This issue was raised in chapter 2 merely as a topic that requires further research.

What research procedures could be pursued in order to develop the analysis in ways discussed above?

One approach could be ethnomethodological; that at, whereby researchers actually take on the role of individual members and progress as such around the CPD cycle and produce whatever is required to demonstrate output and as the outcomes from CPD emerge for those researchers. Another would be for researchers to follow individual members closely as they carry out their CPD, follow the output measurement scheme of their professional body, and as their practice develops over a substantial period of time.

Rather than developing the model, another way of developing the work begun with this project would be to produce tools associated with the model. In the conclusion to chapter 4 we noted that output measures for the reflection phase of the CPD cycle were less well developed compared with the planning phase (at least for the cases in this report). We speculated that this may be due to a lack of well specified techniques currently available to guide or monitor reflection compared with planning tools and competency frameworks. The identification of more cases using different reflection output measures and deeper analysis of those cases could lead to such tools. Another example of what could be produced would be an information/education pack for smaller or newer professional bodies, or for professional bodies in countries where there is little experience of output measures for CPD. Some of this would involve repackaging some of the experiences of the case studies from this project, but in order to produce useful tools further cases and deeper questioning of procedures for developing output measurement systems is needed. More detail on problems encountered and how they were overcome are also needed.

6.6 Final note on recommendations

We do recommend output-based CPD measurement for reasons discussed in section 6.1 of this chapter. In addition we recommend that professional bodies
consider implementing output-based schemes which can deliver a higher level of PDV measurement. However, beyond this we do not recommend specific output-based techniques or approaches. This is because the purposes of CPD are multiple, complex and to some extent contested. In addition we have found few cases of substantial experience with other than the most basic output-based measurement schemes. The technology is evolving. More cases and more experience among pioneers is required in order to make firm recommendations. We have indicated in the previous section ideas for further research that would both allow the model to be developed further and allow clearer recommendations. However, what we do recommend is that professional bodies must be clear about what purposes they expect their CPD policies and programmes to fulfil and what their relative priorities among these purposes are, in order to decide which CPD measurement schemes are most appropriate.
Appendix A  Literature Review

A.1  Introduction

Section A.2 begins with a brief analysis of where literature that might support a study of output measurement for Continuing Professional Development (CPD) may be found, and why we have had to cast our net widely to find such literature. We then provide background material on what CPD is, and report on an analysis of CPD definitions. Next we examine briefly the history of CPD and identify precursors and alternative labels for the phenomenon that the term CPD is meant to describe. We believe this background is necessary to appreciate that measurement of CPD outputs is not a straightforward matter, not only because of the difficulty of so doing, but also because of controversy over what CPD is, what it is for, and therefore what the outputs of CPD are or should be. Much material in these sections draws on literature focused not on CPD, but rather on general controversies in education philosophy and on the identification and value to society of professionalism itself.

In section A.3, we move on to review literature both directly dealing with CPD and dealing with models of training, education and professional development. This literature will be drawn upon to organise and evaluate our findings on the possibilities of using outputs to measure CPD. In particular we introduce the concept of the CPD cycle in this section. The UK Construction Industry Council (2006: 23) states that using a CPD cycle is the first step to an output-based approach to CPD measurement. CPD based on such a cycle has multiple elements. This means ideally a system of measurement should be developed for each phase of the cycle separately as well as for the cycle as a whole.

The next three sections are structured around the three phases of the CPD cycle: planning, evaluation of learning and reflection, detailing what is involved in each phase and why it is important, what outputs could be measured, and examples and evaluations of methods and tools of measurement. These aspects of CPD will be used as the basis of the model of output-based CPD measurement which is presented in Chapter 2.

A.2  Background

A.2.1  Paucity of literature on the measurement of CPD

Literature on CPD output is sparse and mostly concerns the purpose and importance of CPD, rather than the diffusion and evaluation of techniques specifically to measure CPD. One exception is publications from the Professional Associations Research Network (PARN) which originated in the UK but now operates in several countries (at the time of writing including Australia, Canada, Ireland and Kenya). PARN carried out a series of comprehensive surveys of professional bodies in the UK, Ireland, Canada and Australia between mid 2006 and mid 2007. These surveys included questions about CPD policies and programmes as well as explicitly asking if CPD was formally monitored and whether it was measured by inputs or outputs. Information from these surveys is presented in Appendix B.

One reason for the lack of substantial literature on CPD and CPD measurement is that CPD is a relatively new phenomenon, at least where CPD is conceived of as an activity that ought to be measured at all. Arguably professionals have always continued to seek out information about new developments in their area of expertise after they have qualified. For centuries, traditional professionals - lawyers, doctors,
theologians - have read journals and attended gatherings at which they could learn of what others in their field are doing. However, the idea that such activity should not only be provided by professional bodies, but that there should be an explicit policy of formal CPD that could be monitored and measured, only began to take hold during the 1980’s. Nevertheless, it is now common that professional bodies have an explicit policy towards CPD. PARN found that around 2/3 of professional bodies have CPD policies in three of the four countries surveyed in 2006/07, and that in the UK 85% had a CPD policy (Friedman and Mason, 2007: 23).

For many, CPD has not been compulsory. In the UK, as programmes emerged in the 1980s and 1990s, CPD was primarily either voluntary or obligatory. With voluntary policies it was completely up to the individual professional to decide what to do, how much to do, and how often to carry out CPD activities. With obligatory policies it is regarded as a duty of a professional in that field as with other professional obligations specified or at least implied in the code of ethics for that profession. If voluntary, there is little incentive for professional bodies to monitor and measure the take up of CPD other than to improve courses. If obligatory it is difficult to operationalise unless a serious breach becomes obvious. The obligation to keep up one’s competence is similar in these cases to the obligation in codes to be diligent or to act with fairness or integrity (see Friedman et al., 2005 for an analysis of codes of UK professions). However, for regulatory bodies and a few traditional professional bodies, CPD was compulsory from the outset (Rapkins, 1996).

The idea of systematically measuring CPD outputs is an even newer phenomenon. The standard method of monitoring CPD has been to specify input requirements, for example so many hours per year or a minimum of so many hours on average over a longer period. Compliance can be measured either through attendance records generated by CPD events, or through self-recording by members. The presumption behind input requirements and measures is that as long as professionals are carrying out a certain amount of CPD it will be valuable, at least to them as professionals, and presumably to their practice. PARN has found that many professional bodies still specify CPD requirements by inputs only, even in countries with a relatively long tradition in CPD (Friedman and Mason, 2007: 32-35). The idea that CPD should be measured by outputs has come late in the history of CPD.

Currently, there is only a small and fairly marginal academic community concerned directly with CPD, although this is changing. In part, this lack of interest from academics is due to the fact that CPD has emerged from the ‘bottom-up’. It has been developed by professional bodies in response to pressures they and their members have felt to demonstrate that professionals are carrying out their obligation to maintain their expertise. This is an obligation which has always been implied in the notion of professionalism, but which has only recently been the subject of specific policies. Academic interest in education philosophy and practice that could be associated with CPD has generally been focused on either the ordinary citizen or the disadvantaged. Concepts such as adult education or lifelong learning are seen as ways of creating learning societies or of countering disadvantage. Professionals would not be explicitly considered within this purview.

Much academic literature, particularly from the sociological perspective, has been critical of earlier claims for the value of professionalism to society and has concentrated on the monopoly aspects of traditional professions since the 1970s. While this academic literature may have influenced those running professional bodies to develop CPD policies (though this is unlikely); this literature primarily questions the value of the professions altogether, rather than focusing on improvement of professional practice. The recent emphasis on CPD among professional bodies could
be regarded as a way of the professions ‘fighting back’ against the academic and neo-liberal criticism that professionalism is merely a label to justify monopoly and status privileges in society.

CPD could be treated by academics in education departments or schools of education at universities and colleges, however the focus of these institutions is teaching and educating teachers. The vast majority of research work coming from these institutions concerns aspects of teaching techniques, learning by young people and the running of schools. If they are interested in professionalism, it is the professionalism of teachers. A little of this has been developed based on learning focused on higher education, and we find that a major work being used to develop CPD programmes, and which we will outline in detail below (Kolb, 1984), comes from this tradition. Recently some educationalists have turned their attention to adult learning. This has been a fairly quiet, specialised area of study until recently, but since then a literature has been developing under the labels of training, lifelong learning and work-based learning. However, these subjects continue to be at the margins of interest for national academic educationalists.

Another place where academic interest in CPD could develop and lead to more literature on the subject are the burgeoning business schools and departments of management; however their interest in the past was almost exclusively in private sector organisations. This has been changing and the second (public sector) and third (non-profit) sectors have received attention. However, interest in third sector organisations has largely been confined to distributing charities and campaigning organisations, rather than professional (or trade) associations. The former appear in journals with Public Administration or Public Management or Public Policy in the title for government agencies, and journals such as Non-profit and Voluntary Sector Quarterly and Non-profit Management and Leadership for the third sector; the latter appear in journals with ‘evaluation’ in the title. These studies focus on the general running of such organisations, on governance and management, as well as the impact of their programmes. In addition there is a more generic management literature on management education, training and management development which comes close to CPD, though again generally from the context of its contribution to organisational development, rather than professional development.

During the research process, searching for the term ‘CPD evaluation' produced useful literature, though most of it came not from professional bodies but from training and education providers who wish to measure learning (among other factors) to ensure their training was a success and to identify areas for improvement. Therefore literature relating to the measurement of learning was found predominantly in the context of the evaluation of training programmes. By looking at a whole evaluation process, one can identify what should be measured and how to measure it. Guskey (2001) states that evaluation is ‘the systematic investigation of merit and worth’. This seems to hone in on exactly the problem at hand: how do we establish merit or worth from CPD activities?

**A.2.2 What is CPD?**

CPD is not a simple concept. It has arisen from a number of different traditions, different trends in education and different views of what it means to be a professional. Here we begin with definitions of CPD and then give backround to
CPD by examining different labels for CPD. In 1986 the UK Construction Industry Council (CIC) developed the definition of CPD that is most commonly used in the UK today:

‘The systematic maintenance, improvement and broadening of knowledge and skills, and the development of personal qualities necessary for execution of professional and technical duties throughout the individual’s working life’.

Friedman et al. (2000: 39-40) found that 68 of 102 professional bodies they surveyed reported that they had a CPD policy, and 55 or 81% of those with a policy published a definition of CPD. Of these 55 professional bodies, 22 used the same definition as that developed by the UK CIC. This definition was used by more than half of associations surveyed in the construction and engineering sectors, but was also used by at least one professional body in the medical, financial, educational and ecological sectors. The definition was not used by any in law, management, science or arts fields. Friedman et al. broke down the 55 definitions into 9 components, 6 of which were contained in the CIC definition and 3 were from some of the other definitions (see Table A.1).

These indicators of key differences of opinion concerning CPD definitions are:

- For some, CPD is an inherently systematic or planned activity, whereas for others how much CPD is carried out, how frequently, how continually and how premeditated the take up is (either in terms of a pattern of activities carried out, or their form or content) is a personal and voluntary matter. For the former the role of the professional body is to place a structure onto professional development activities for the membership; for the latter it is an enabling role only.
- Some emphasise different benefits and beneficiaries resulting from individuals carrying out CPD in that they appeal to:
  - positive material interests of individual practitioners (support for career development);
  - negative concerns that professionals must keep up their competence or suffer consequences;
  - professional aims of practitioners in terms of wider social benefits of CPD.

Most definitions recognise a clear distinction between two different capabilities that CPD is meant to support. Both

- skills, knowledge, understanding or expertise; and
- personal qualities, attitudes, potentialities

However, it is in relation to the object of CPD that differences in definition have particularly important consequences for CPD measurement. Which of the following is the object of CPD?

- to fulfil technical or scientific plus professional duties;
- to achieve higher level performance;
- to fulfil responsibilities and tasks or duties;
- to allow professionals to take on new roles;
- to improve career prospects and support career progression?

For the last two of these there is also an underlying tension between whether CPD should support new roles and career progression for professional employees within their current organisation, or support their movement to new employers.

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5 Most of this subsection is based on material found in Friedman et al., 2000.
Table A.1 Components of Definitions of CPD

<table>
<thead>
<tr>
<th>Definition component</th>
<th>Professional bodies using CIC definition</th>
<th>Professional bodies using other definitions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Context of CPD (rapid technological and organisational change)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2 Nature of CPD (lifelong learning, educational or professional activity)</td>
<td>0</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>3 Organisation of CPD (organised in a planned or systematic manner or that it can be structured according to identified goals)</td>
<td>22</td>
<td>19</td>
<td>41</td>
</tr>
<tr>
<td>4 Nature of the value added to capability (topping-up of skills forgotten or lost since initial qualification; allow professionals to “keep up” their original skills or knowledge areas in the light of new developments and techniques - to maintain competence; learning new things now considered important for professional and personal performance)</td>
<td>22</td>
<td>30</td>
<td>52</td>
</tr>
<tr>
<td>5 Nature of capability to be supported (skills, knowledge, understanding or expertise. Or personal qualities, attitudes, potentialities)</td>
<td>22</td>
<td>32</td>
<td>54</td>
</tr>
<tr>
<td>6 Link capability to object (necessity, as required, or as ensuring. Or less strictly as enabling, encouraging, assisting or allowing)</td>
<td>22</td>
<td>16</td>
<td>38</td>
</tr>
<tr>
<td>7 Object (technical or scientific plus professional duties; higher level performance; responsibilities and tasks or duties; new roles; career prospects; career progression)</td>
<td>22</td>
<td>27</td>
<td>49</td>
</tr>
<tr>
<td>8 Effective period (professional life, economically active time, or life regardless of age or seniority)</td>
<td>22</td>
<td>17</td>
<td>39</td>
</tr>
<tr>
<td>9 Range of beneficiaries (practitioner, employer, the profession, society as a whole)</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

A.2.3 Precursor and alternative labels for CPD

The term *recurrent education* was defined by the OECD in 1973 as “the distribution of education over the lifespan of the individual in a recurring way” (Jarvis, 1995: 30). From the mid-1970s it was supported in the UK by the Association of Recurrent Education. For some, behind the call for recurrent education was the radical belief that a specified amount of full-time formal education during one’s lifetime was a moral right which could be used to redress not only educational inequality, but also occupational inequality (Gould, 1979). For others it was a more limited or even conservative approach to implementing lifelong education, given that it focused on formal education (Cantor, 1974). While recurrent education is still important in the
form of policies on paid educational leave, particularly in Scandinavian countries, the idea of recurrent education waned during the 1980s.

Adult education is another general term. This can refer to:

‘…any education process undertaken by adults, whether liberal, general or vocational, and located in the spheres of adult, further or higher education or outside the educational framework entirely.’ (Jarvis, 1995: 22)

However, adult education carries specific negative connotations in the UK; implying an indulgent, self-centred activity, unconnected with social purposes or activities; frivolous and with little concern for quality. Given these connotations it is not surprising that those involved in adult education have eagerly embraced other labels.

Lifelong education or Lifelong Learning (LLL) has perhaps the most influential label associated with CPD. The main tenets of this philosophy are that education should: involve learners as actors in their own learning; foster the capacity of people to be active learners, rather than passive recipients; lead to democratisation of society; and improve the quality of life (Cropley, 1979: 101-104). Early in the 20th Century Dewey (1916: 51) claimed that, ‘The inclination to learn from life itself and to make the condition of life such that all will learn in the process of living is the finest product of schooling.’ He believed that education is the major foundation of a rich life and that these foundations can be made at any phase in life and then built upon.

Dewey has been particularly influential in the USA, while in the UK there has been a strong tradition of worker education and general self-improvement and group learning from the nineteenth century onwards. Many of the new professions of the nineteenth century arose out of societies for group learning or “learned societies”. The model of lifelong education was adopted as an ideal by UNESCO. The Faure Report (1972: xxxiii) suggested that education prepares people for a society which does not yet exist but which may do so within their lifetime. As such it is essential for the development of human beings. Behind the call for LLL is the view that the world is continually changing. Therefore learning is never complete. Furthermore, the world changes because of the ideas and actions of people, which are altered by learning. Learning is cumulative and the achievement of higher levels of LLL leads to a society that can increasingly be called a learning society.

However, renewed emphasis on LLL (as distinct from lifelong education) as a route to improve the social condition through the improvement of individuals has been contested (Lengrand,1979; Suchodolski, 1979). LLL emphasises individual development and individual responsibility and this stress on individualisation has been seen as one of the key processes of the ‘risk society’. According to Beck et al. (1994:13) increased risk and uncertainty in society requires increased ‘reflexivity’ on the part of the population. Individualisation within the risk society is defined as the ‘…disembedding and re-embedding of ways of life by new ones in which individuals must produce, phase and cobble together their biographies themselves’. Individuals become responsible for formulating their own identities and life courses which leads to an expansion of risk situations through lack of co-ordination. Reflexivity refers to the individual’s self-confrontation with the effects of a risk society, to reflect not only on established ways of thinking in order to improve performance, but also to question the need for performance, and to question not only how but also why certain things are done. LLL is an important part of this process - shifting the focus from education in institutional structures to individual participation and learning. There has been a

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6 For professionals this may be likened to the idea of ethical competence as a necessary complement to technical competence (see Friedman et al. 2006).
change in emphasis from provision to learners to learning, from inputs to outputs. A greater emphasis is placed on individual self-reliance to cope with change and individual responsibility for employability and skill development (Edwards et al., 1998). Hake (1999), following Giddens (1999: 81), remarks upon the ‘structural necessity’ of reflexivity or the ‘all-prevailing institutionalisation of reflexivity’; the application of knowledge in all aspects of social life that is characteristic not only of the risk society, but an essential condition of survival.

Continuing Professional Development may be seen only partially as an application of Lifelong Learning to professionals. What CPD shares with LLL is the emphasis on individuals taking an active role in determining what they need in order to develop professionally. However, most professional bodies have a CPD programme as well as a simple policy towards doing CPD and specifying how much to do. Many professional bodies provide activities and materials to be used for CPD themselves or they have an accreditation scheme by which they determine what could ‘count’ as legitimate CPD. In this sense there is coordination at the individual professional body level, rather than the individual professional level of what LLL in the context of CPD means. Arguably what is missing is coordination among professional bodies as to what should be counted as CPD. However, PARN has found that there is increasing evidence that those running and working in professional bodies are willing to learn from each other.

Continuing Professional Education (CPE) emerged in the late 1960s and was documented by research and consultation papers produced throughout the 1970s. Among them there was research into continuing legal education (Ormrod Report, 1971); continuing education for GPs (Acheson, 1974); and for the building professions (Gardner, 1978). Different professions used slightly different terms. The engineers referred to “continuing formation” (Cannell 1982), the doctors referred to “continuing medical education” (Rogers 1982) and the DES (Department of Education and Science) initiated INSET “in-service education for teachers”. The UK Government indicated support for CPE in its 1981 White Paper, A New Training Initiative from which the Professional, Industrial and Commercial Updating Programme (PICKUP) was introduced in 1982. This was designed to increase competitiveness in the UK, through funding short courses and customised company training programmes provided by further and higher education.

Currently some countries and some professions use the term CPE to indicate the same thing as what others call CPD, while for others, CPD and CPE are distinguished along the lines discussed in the previous section (that is, between personal and professional development controlled by the professionals themselves and more formal educational objectives).

The term continuing professional development is likely to have been coined by Richard Gardner, who was responsible for developing continuing education for the building professions at York University in the mid-1970s (Todd, 1987). Gardner was looking for a label that emphasised his belief that there is more to continuing education than course attendance. It should embrace informal, or incidental, learning which can be achieved as part of actual practice. CPD was chosen because it did not suggest a divide between education and practice; along with pure education, CPD included ‘a full professional life, good practice generally, career advancement, increasing capacity and well-earned profit (or its equivalent)’. In addition, CPD implied ‘positive learning strategies for individuals, practising organisations, [and] individual professions’ (Gardner, 1978: 2-3). CPD was intended to provide continuity with the view that professionals would normally continue to keep themselves informed of developments in their field after qualification, but that this would be made
more explicit, more formal and possibly more quantified and therefore more public through CPD.

It has been shown that the term CPD draws on a number of different educational philosophies and traditions. It draws on a long tradition of viewing education as being associated with personal development that should be undertaken by and available to all. A second theme from these earlier labels is that LLL represents active learning - that individuals should take charge of their own learning. As LLL aims for a learning society, so CPD may be thought of as a way of professional associations becoming learning societies as well as learned societies.

A.3 CPD Components and CPD Measurement

A.3.1 Introduction

CPD has traditionally involved professionals attending conferences or seminars almost randomly, as Newby (2003: 6) puts it, ‘going to conferences we just happen to hear about or that cover an area we happen to be interested in’. His reflects the general opinion among professional bodies that this may hone skills or knowledge in a particular area, but it lacks the ‘continuing’ element of continuing professional development. For CPD to be truly effective, each session needs to connect with and build upon previous sessions. Planning has therefore become an integral feature of modern CPD, allowing professionals to decide what sort of CPD is suitable for their long-term needs, and to see how each session affects their overall objectives. As noted above, most professional bodies with CPD definitions included the clause that it be organised in a planned or systematic manner, or that it can be structured according to identified goals (Friedman et al., 2000: 39-40). This would imply that without including some form of planning in a scheme, professional bodies would not be adhering to their definitions of CPD. Schön (1983) popularised another critical element of professionalism which has been incorporated by many into their CPD programmes: reflective practice.

A.3.2 The CPD cycle

Even by involving planning of, or reflection on, each CPD activity, a scheme could nevertheless be ignoring the systematic or continuous element specified by professional bodies’ definitions of CPD. For their definitions to ‘ring true’, planning and reflection need to be integral to CPD as a whole, and the CPD cycle has therefore been implemented into many professional bodies’ CPD schemes to ensure this happens. The CPD cycle incorporates planning and reflection as elements equally important to actually attending events. By incorporating a CPD cycle the disjointed CPD of the past is transformed into a continuous and meaningful process which is perpetually revised by drawing on prior sessions and experiences. It is thought by supporters of the CPD cycle that this process will develop professional practice holistically.

The CPD cycle as has been adopted by many professional bodies was inspired by Kolb’s (1984) theory of cycles of learning (Lester, 1999; Friedman et al., 2002). Kolb developed a theory of experiential learning in which reflection was central. He identified four phases in the cycle of learning:

1. Concrete experience (doing/ having an experience);
2. Reflective observation (reviewing/ reflecting on the experience);
3. Abstract conceptualisation (concluding/learning from the experience);
4. Active experimentation (planning/trying out what you have learned).

Clara Davies (accessed 19.03.07) comments on the Kolb cycle:

‘The learning cycle suggests that it is not sufficient to have an experience in order to learn. It is necessary to reflect on the experience to make generalisations and formulate concepts which can then be applied to new situations. This learning must then be tested out in new situations. The learner must make the link between the theory and action by planning, acting out, reflecting and relating it back to the theory’.

Kolb (1984:4) also suggests that the process of experiential learning is the link between the conflicting schools of thought on CPD: personal vs. organisational benefit. He says:

‘The experiential learning model pursues a framework for examining and strengthening the critical linkages among education, work and personal development’.

Many professional bodies have adapted Kolb’s cycle into a more user-friendly tool for members (e.g. The Energy Institute, The UK Institute of Management Consultancy, The Association of Accounting Technicians (AAT), The Royal Pharmaceutical Society of Great Britain (RPSGB)).

Figure A.1
Example of a CPD cycle
A.3.3  **Input and Output measurement: A brief overview**

**Input**
The recording and measurement of CPD has traditionally been done by inputs: the amount of hours spent doing CPD, or the number of points or credits accrued corresponding to participation in CPD events. Members usually have to build up a certain number of hours from a list of approved courses and activities. A typical example of such a scheme using hours as inputs is the ACCA’s 2005 CPD scheme (accessed 16.05.07), which states that all holders of practicing certificates are required to do at least 35 hours of CPD per year, of which 21 hours must be spent on acceptable, structured courses. There are strict guidelines detailing what sort of activity can contribute towards CPD, and how much time can be ‘claimed’ for each activity, for example, ‘an evening seminar commencing between 4pm and 5.59pm may constitute no more than two hours CPD’.

An example of using points or credits as inputs is the American Society of Industrial Security (2007), which has recently adopted the ‘Continuing Professional Education (CPE) credit scheme whereby one credit is awarded for one ‘instructional hour’, which must last at least 50 minutes. A similar scheme, implemented by the International Association for Continuing Education Training (IACET) and the American Society for Training and Development (ASTD) uses the ‘Continuing Education Unit (CEU)’. The IACET states:

> ‘The CEU was created to:
> • Provide a standard unit of measure,
> • Quantify continuing adult education and training activities, and
> • Serve the diversity of providers, activities and purposes in adult education’.
> (IACET, accessed 16.05.07)

One CEU is granted for ten hours of participation in ‘organised continuing education/training experience under responsible, qualified direction and instruction’. There are detailed criteria and standards relating to the organisation, the development and the evaluation of the learning programme.

An interesting approach to CPD measurement, implemented by the British Academy of Audiology (BAA), is the idea of a CPD ‘value’ which is a unit incorporating the standard input measurement of one point for one hour of study, and an ‘effectiveness index’. Individuals decide how effective the CPD was for them and then assign an effectiveness value from the scale which is then multiplied by the input points to give the ‘CPD value’ (BAA, 2006). The Association for Project Management (APM) employ a similar system whereby members calculate the points given to a CPD activity by multiplying the APM rating of an activity by their personal value attributed to that activity (APM 2006). Although these schemes are based on input, they have introduced at least the notion of value or outcome to CPD measurement, indicating deviation from (and dissatisfaction with) a purely input-based measurement scheme.

**Output**
PARN found that use of output measures for CPD was rising quickly among UK professional bodies and that a substantial number were using output measures for at least some categories of their members in the other countries they surveyed (see Appendix B). The AAT in the UK conducted a consultation regarding their move to output-based CPD, and 60% of respondents agreed that it is better to measure CPD by outcomes while only 27% thought it was better to measure by number of hours (AAT (2), accessed 16.05.07).
There are various outputs of CPD, and deciding which one(s) would be most useful to measure, and would give the most accurate and revealing results, is no easy task. A professional body has to identify the object of CPD before attempting to decide which output would be most appropriate to measure. As noted above Friedman et al. (2000:39-40) found that not only were there multiple objects of CPD stated in professional bodies’ definitions, but that they were often conflicting (see Table A.1).

Grant (1999: 217) identifies two further sources of difficulty with measuring outcome in a medical context:

1. Lack of development of measurement methodology: appropriate methods of outcome measurement are not available;

2. Complex expert clinical practice cannot be easily broken down into component parts and therefore measurement of the quality of practice as a whole is difficult, and may be impossible.

Grant also suggests that even output measures will not necessarily be useful in assessing competence of professional practice. Interestingly, she states that: ‘effective education does not always lead to changes in performance’ (Grant, 1999: 216). She points out that CPD often simply confirms that the professional has the required capability – there is no measurable change in competence or practice, the only change would be in personal confidence. If this is the case, then any attempt to measure change in knowledge or behaviour without initial learning goals may well be a pointless exercise. One individual may have demonstrated a high change in skills or knowledge, but still not be as competent as an individual who was competent to begin with, and who has therefore not demonstrated a change in output due to CPD.

A.4 Planning and CPD

A.4.1 Why do it?

Planning ensures that an individual knows in advance what they are aiming to change. In order to achieve goals, specific targets need to be set in a structured manner (www.pd-how2.org/2_1.htm). Once the goals have been set, success can be measured against these pre-determined learning objectives, after the CPD has taken place. Planning makes evaluation easier because one can think about how to assess/measure whether the goals have been met, prior to the event. Guskey (1998: 3) emphasises the importance of planning evaluation:

‘It's designed to give those involved in program development and implementation a precise understanding of what is to be accomplished, what procedures will be used, and how success will be determined. In essence, it lays the groundwork for all other evaluation activities’.

Another advantage of formal planning, according to the UK Institution of Electrical Engineers and Technicians (IET) (accessed 09.05.07) is that writing plans down makes people feel more committed to their goals and hence increases the chances of real change due to CPD.
A.4.2 How is it done?

Personal Development Plans (PDPs) are a common method of recording the reflection and planning phases of the CPD cycle. www.ukcle.ac.uk interprets PDPs as a process as well as a product of reflection mirroring the phases of the CPD cycle: the act of developing a PDP being an example of reflective practice. A PDP will typically consist of a list of objectives, an action plan for achieving those goals and room for comment, feedback and reflection on the results of the action plan. This reflection will then influence the next round of objectives. This creates a cyclic process, and Freed (2003: 9) points out that planning makes the whole process of CPD continuous. Newby (2003: 6) states that PDPs turn CPD into a proactive process in contrast to the reactive process of attending conferences on an ad hoc basis which has occurred in the past. The Professional Development Partnership suggests that a PDP should involve understanding future needs in terms of business needs, career/job goals and personal goals (www.pd-how2.org/2_2.htm). Newby offers three methods for generating PDPs:

- ‘buddy systems’, where an individual is paired with a peer;
- mentors, similar to ‘buddy systems’, but an individual is usually paired with someone of a higher standing in the profession;
- peer groups.

...the college has elected to make PDPs the cornerstone of CPD, with those generated by peer groups becoming the arbiter of our educational needs and the sole evidence required to demonstrate participation in CPD... (Newby 2003: 6).

This notion of planning learning objectives is linked to the relatively common use of ‘competence frameworks’ which employers often set for a particular job role. The Allied Health Profession project (2006) on demonstrating competence through CPD provides a good example of this. A competence framework would enable an individual to set learning goals according to the competencies required of them by their professional body.

Lockyer et al. (2005) conducted a study which aimed to assess course outcomes by examining the congruence between statements of commitment to change (CTCs) and course objectives. They found that the use of CTCs aided reflection, as it encouraged participants to ‘reflect on a course in order to consolidate new information and commit to changes in practice’. It was also found to be highly useful for evaluating outcomes at a later phase. The study concluded that completion of CTC statements was more effective than other types of reflective statements in terms of learning objectives on the basis that there was found to be a higher congruence between course objectives and CTC statements.

A.5 Evaluation of Learning

Due to the paucity of literature on this subject directly related to CPD, this section focuses on training evaluation, which yields many interesting ideas in terms of measuring the output of the ‘evaluation of learning’ phase of the CPD cycle.
A.5.1  Training evaluation models

Below is an outline of classic training evaluation models:

- Tyler’s (1942) is the earliest evaluation model and is an objectives-based approach. It involves the following steps:
  1. Establish broad goals or objectives
  2. Classify these goals or objectives
  3. Define objectives in behaviour terms
  4. Find situations in which achievement of objectives can be shown
  5. Develop or select measurement techniques
  6. Collect performance data
  7. Compare performance data with behaviourally stated objectives.

The framework of this model is helpful, but the evaluation does not go beyond the attainment of pre-determined goals. It is also focused on behavioural outcomes, which are only one of several possible outputs of CPD. This model is also limited due to few suggestions of measuring tools.

- Metfessel and Michael (1967) expanded upon Tyler by suggesting more methods of data collection, but again their model was limited to behavioural evaluation.

- Hammond (1973) further expanded upon Tyler, adding extensive detail. By asking such questions, this early model began to develop an element of reflection.

- Stufflebeam (1969) developed the Context, Input, Process, Product (CIPP) model. This is more of a formative evaluation and a ‘systems model’ – concentrating on the development of a training programme rather than goals and outcomes. It centres on decision making processes of policy makers and administrators. Methods of output measurement which could be relevant to CPD do not feature prominently in literature on the CIPP model.

- Scrivens (1991) wanted to avoid concentrating on pre-determined goals, because he believed that this sort of approach was blind to unintended and possibly hugely valuable outcomes. ‘I began work on an alternative approach – simply, the evaluation of actual effects against (typically) a profile of demonstrated needs in this region of education… …I call this Goal-Free Evaluation (GFE)’. Although this seems to undermine the planning phase of the CPD cycle, it could be incorporated into another evaluation model so that pre-determined goals were not eliminated completely, but ensuring that unexpected outcomes had equal status within evaluation.

A.5.2  The Kirkpatrick model

Four measurement levels of training evaluation were identified by Kirkpatrick in 1959, and these remain the most commonly used model for training evaluation today. This model breaks down learning into manageable levels, the impact of which are measured uniquely for each individual level.
Level One **reaction**, the most basic level, is described by Kirkpatrick as an evaluation of customer satisfaction (Freed, 2003: 2), its purpose being to determine whether the ‘learner’ was happy with the training/CPD event etc. This level is easy and cheap to evaluate and is therefore commonly used.

Level Two **learning**, measures increase in knowledge. Kirkpatrick (quoted in Freed, 2003: 4) defines learning as ‘what principles, facts and techniques were understood and absorbed by students’. This level is often assessed by a test with right/wrong answers. It is preferable to do a pre-test, so that the real change in knowledge due to the training can be measured.

Level Three **behaviour**, measures the extent to which the learning has been used in practice, and how the knowledge gained has transferred onto everyday work. It is the extent to which behaviour changes occur due to training programme attendance.

Level Four **results**, measures the impact of the training on the organisation. This depends on the type of organisation, its aim and mission and ultimately its bottom line. If CPD impacts positively on the bottom line of an organisation, a high level of success and extremely valuable CPD output is identified.

One of the most useful resources associated with the Kirkpatrick model was businessballs.com, with much of this material being provided by Leslie Rae. The website has a particularly useful section on Kirkpatrick, tabulating each level into evaluation type; evaluation description and characteristics; examples of evaluation tools and methods; and relevance and practicability. As well as clearly explaining and giving practical examples of Kirkpatrick’s model, Rae provides information about who is responsible for/invol ved with each phase of evaluation, and offers a spectrum of options as to how far to take the evaluation, from ‘do nothing’ and ‘minimal action’ right through to ‘total evaluation process’. This demonstrates that not only are there different levels of analysis, there are also different depths of evaluation, opening up a wealth of options depending on the objectives of the CPD in question.

**A.5.3 Variations on the Kirkpatrick model**

Although most organisations that do some form of training evaluation currently use the Kirkpatrick model, there are many calls for it to be modified or updated. There are several variations of the Kirkpatrick model, two of which are discussed here: adding organisational change and support, and models based on Return on Investment (ROI).

**Organisational Change and Support**

Guskey (2000) adapted the Kirkpatrick model to be applicable to professional development in education. He inserted a new third level, in between ‘learning’ and ‘behaviour’: ‘organisational change and support’. This level takes into account the support the organisation has given to the learner, the resources available, and how this has impacted on learning. More importantly perhaps for this investigation is the impact of the training on the organisation and how, if at all, it affected organisational climate and procedures. Guskey alters the name of level four slightly, to ‘participants’ use of new knowledge and skills’. This broadens the category slightly to include impact of learning (which may not be demonstrated through specifically behavioural symptoms).
There has been a great deal of discussion about the final level of Kirkpatrick’s model, which he himself does not elaborate upon in detail. By results, Kirkpatrick means the impact on the organisation’s bottom line. This is obviously specific to the organisational goals, and in the educational sphere, Guskey has interpreted ‘results’ as ‘student learning outcomes’. Guskey’s final level is aimed exclusively at teachers’ professional development, but he provides more detail and examples of this advanced level of evaluation than Kirkpatrick himself, and the main ideas could quite easily be tailored to the needs of various types of organisation.

Return on investment
Phillips (1996) has developed a final phase of evaluation to go with the Kirkpatrick model which calculates the Return on Investment (ROI) of the evaluation process. This is a method of calculating if the training was worth the investment i.e. what monetary impact the training had on the organisation.

“Thus, the fifth level of evaluation is developed by collecting level four data, converting the data into monetary values and comparing them to the cost of the program to represent the return on training investment.” (Phillips: 1996).

Phillips developed a formula for calculating ROI, as well as a process model. He identifies the need to isolate the effects of training before making the calculation, if it is to produce any useful results specifically due to the training in question. He puts forward methods to successfully isolate the results of training, such as use of controls and estimations of the impact of other factors. Interestingly, Phillips includes management and technical support as well as organisational culture as ‘significant influences’ in his process model, factors which Guskey felt were so significant as to warrant their own level.

According to Kearns (2004), ROI is compatible with the organisational results of level four, rather than with a fifth level. Without ROI, the Kirkpatrick model is not an evaluation model because it does not show true value. Value can only be measured through ROI calculations, or something like it. ROI may not seem like a feasible option for public sector or not-for-profit organisations, given that profit is not a measure of success, and therefore of value, for those organisations. However Kearns responds by stating, ‘Of course, the same rules apply to any non-commercial or public sector organisation, but their definition of value will be the level of service they provide per pound spent’ (Kearns, May 2004). However, the question then arises as to how ‘level of service’ as a direct result of training should be measured. When discussing the difficulty of measuring soft skills, Kearns (June 2004) also makes the strong claim that only those skills which impact on organisational performance are worthwhile:

‘My skill improvement is only worthwhile if I put what I have heard to effective use in the organisation. All learning should have a positive, tangible impact on business performance, otherwise it is worthless’

This statement highlights an attitude which is predominantly unrepresentative of CPD in professional bodies. Kearns is making this statement from a commercial or managerial point of view where training takes place to benefit an employer organisation. CPD in the true sense of the term (i.e. applying to professional bodies) must incorporate the learning needs of the individual's professional status, and this will not necessarily have a significant impact on organisational performance.

Kearns discusses competence measures and distinguishes between activity measures (input); performance measures (output); and added-value measures
Activity measures correspond to the action/implementation phase of the CPD cycle; performance measures to the ‘behaviour level’ of the Kirkpatrick model; and added value measures to the ‘results level’, with the latter two falling into the ‘evaluation’ phase of the cycle. It is interesting that Kearns includes ‘activity measures’ as they do not feature in other training evaluation literature. However, it is a vital phase of the CPD cycle and seemingly needs to be measured by input on this level - to ensure activity has taken place - even though Kearns believes this type of evaluation should be avoided.

There is currently an ongoing debate over whether ROI is actually useful or worthwhile. An exchange of papers, published on www.trainingzone.co.uk, began with an article by Kevin Lovell (Jan 2007) in which he puts forward an alternative, cheaper and simpler method to ROI. KnowledgePool has developed an online ‘Learning Outcomes’ questionnaire which Lovell believes makes higher level evaluation a more realistic option than ROI for many organisations. The questionnaire asks questions about application of learning in the workplace, and focuses on quality, cost reduction and customer satisfaction. Lovell claims this self-assessment ‘cannot hope to match an in-depth evaluation using interview techniques and detailed analysis of business metrics, nor can it deliver hard ROI statistics. However it can provide L&D with valuable information about learning outcomes – often where none is currently available – and at minimal cost’ (Lovell, Jan 2007).

Gary Platt (Feb 2007) responded to this article, questioning the validity and accuracy of self-assessment. He also claims that the questions asked will only address individual performance and not impact on business, which he states is supposed to be the function of these higher levels of evaluations. It is however highly dubious to suggest this of professional bodies.

Donald H. Taylor (April 2007) has argued that not only is ROI time consuming and complicated to calculate, but that ‘Apart from training professionals, nobody really cares about ROI’. He states that an organisation can identify the value training has yielded, without doing rigorous ROI calculations. He puts forward instead the notion of a ‘business value proposition that relates directly to a perceived organisational issue’.

A.5.4 Measuring tools and methods

To compare different measuring tools Meyer & Elliot (2003) suggest the following criteria be taken into account: time, money, materials, space, equipment and manpower. Rae (1986: 88) suggests that it is important to perform an assessment or measure of outputs not only after the training has taken place, but during the event, in order to ensure that not only did an individual attend, but that they did something useful. This can be achieved by peer observation, behaviour analysis, or videotape (which could be reflected upon at a later phase). At each level of evaluation there are different ways of assessing or measuring the impact of the CPD. Rae (1986: 26) describes various assessment tools, such as knowledge analysis; observational analysis; interviews; questionnaires; and diaries. Assuming we use a Kirkpatrick-style model, different types of measurement will apply to each level.

Level one: reaction

The evaluation tool used for this phase of learning is usually what is known as a ‘happy sheet’ or ‘reactionnaire’. Trainees are asked how they enjoyed the course, trainer, venue etc; if it met expectations; and if anything valuable was learnt. The
reactionnaire typically consists of tick boxes with sliding scales to denote satisfaction. This simple method is easy to tabulate and quantify.

**Level two: learning**
To measure increase in knowledge, Kirkpatrick suggests tests (including self assessment and interviews), with Guskey adding to that list simulations, participant reflection and participant portfolios. Kirkpatrick (see Freed, 2003: 4) suggests that knowledge should be measured by written tests and skills and by performance evaluation. Horton (In Freed, 2003: 5) discusses how online tests can be used to measure knowledge, and suggests simulations, role-playing and learning games as measuring tools for skills. For Rae (businessballs table), interviews and observation can also be used at this level. He emphasises that methods of assessment need to be closely related to pre-determined learning objectives. This level can be assessed using learning objectives and/or a competency framework.

**Level three: behaviour**
Kirkpatrick suggests observations, interviews, surveys and coaching as measurement tools at this level. Guskey (2000) adds reflection, portfolios, and video/audio tapes for observational purposes. Rae emphasises the need for staggered assessment of behaviour over time. He also points out key performance indicators and states that online and electronic assessments are more difficult at this phase. Freed however disagrees and endorses Horton, who thinks online simulations are suitable at this phase.

**Observation**
Rae (1988: 87-95) gives detailed notes about what to look out for when assessing someone by means of observation. Did the individual achieve the task? How successfully? Did they analyse and define the problem? Did they test out ideas? He suggests it is useful for people working with them (line managers) to observe on a regular basis, as they can more easily pick up subtle changes (Rae, www.businessballs.com).

Hopkins (in Kuit et al., 2001) suggests some key elements of observation. He points out that there needs to be trust between the observer and the observed before the observation takes place. The focus of the observation needs to be clarified and the observer should have specific criteria on what they are supposed to be looking out for. This should be agreed by all parties prior to the observation. Hopkins also suggests various methods of data collection during observation:

- Open observation, recording everything that happens;
- Structured observation involving a tally on which the observer records each time a certain type of behaviour occurs, or everything that is happening at pre-determined intervals;
- Systematic observation using published scales and data collection devices.

**Self & peer assessment**
Boud (1995, quoted in www.ukcle.ac.uk) defines self-assessment as: ‘involvement of students in identifying standards and/or criteria to apply to their work and making judgements about the extent to which they have met these criteria or standards’. He identifies two phases of self-assessment:

1. Identification of standards and criteria;
2. The making of one’s own judgements against those criteria.
Self-assessment can be used to facilitate the process of learning, as well as an assessment product (www.ukcle.ac.uk), and can be useful in prompting reflection.

Peer assessment involves professionals assessing the performance of colleagues, either by offering comments or in some cases attributing a quantitative score. www.ukcle.ac.uk suggests that peer assessment is also an excellent opportunity for reflection due to its focus on dialogue and shared interpretations.

Newby (2003) also endorses self and peer assessment, and suggests ‘360 degree’ appraisal as a beneficial form. For this an individual receives views from everyone that works with them, whatever their hierarchal status in the organisation. The appraised then offers their view on all the people by whom they were appraised, and this process occurs for each individual within the group – hence 360 degrees.

Grant (1999) suggests that objective forms of assessment are generally less useful in measuring CPD output. She argues that professional judgement (peer/manager) is a preferable means of measuring outcome, because a professional is able to address the assessment of the entirety of professional practice. This, according to Grant, is in contrast to objective measures which only assess ‘discrete, observable, and measurable entities such as specific competencies’. For this reason, she states that such measurement does not give an accurate picture of professional practice, or therefore, the impact of CPD on practice.

Goal Attainment Scaling (GAS)

Abruzzese (1982) defines GAS as ‘one method of establishing an outcome oriented tool that presents behaviour changes specifically related to a learning experience’. GAS was originally developed in the context of mental health treatment, establishing whether pre-determined individual goals had been achieved, as a way of comparing treatment. Fleck and Fyffe (1997) suggest that GAS could be used as a way of measuring change in recommended behaviour due to nurses’ CPD. They suggest that not only is it a useful measurement tool, but that it fosters the skills of self assessment and appraisal of performance. The tool requires a detailed scoring system incorporating a set of graduated scales relating to professional issues and the assigning of weights to each scale to represent priorities for learning. From this, scores for learning outcomes can be calculated.

Level four: results

For measurement at level four, Rae (1988) suggests key performance indicators, such as volumes, values, percentages, timescales, ROI, and other quantifiable aspects of organisational performance. These include: number of complaints, staff turnover, attrition, failures, non-compliance, quality ratings, achievement of standards and accreditations, growth, retention etc.

The Pharmacy Council of New Zealand (2006) has implemented a CPD scheme which measures outputs using an 'outcome credit scale'. There are categories assessing

- relevance and usefulness to you;
- change in knowledge and behaviour;
- results of CPD on patient safety;
- evidence for the above.

Depending on success, individuals receive 1-3 credits, and are required to obtain 12 outcome credits over 2 years. The most significant advantage of the outcome credits
concept is that it measures and encourages the true intention of CPD – actual benefit to practice in the workplace’ Harries (2006: 190). Harries endorses the fact that it does not attempt to measure professional competence itself, which she argues is problematic.

The UK Institute of IT Training (IIT) has developed a ‘skills tracker programme’ (Steed, 2005). It has four elements: a competency framework; a requirement to specify evidence of performance, testing to manage self-assessment; and verification. Assessment is by means of self assessment, basic and advanced questioning techniques and workplace assessment. Colin Steed details the scheme, including the scoring techniques used to measure success.

In April 2007, the CIPD published a paper entitled: ‘The value of learning: a new model of value and evaluation’. This addresses the need to demonstrate and report on the value contribution that learning makes to the organisation. It recommends a wide-ranging approach to establish learning value, involving:

- aligning learning processes and investment to organisational strategic priorities;
- using a range of methods to assess and evaluate the contribution of learning;
- establishing the most relevant approaches to assessing and reporting on the value of learning for the organisation.

The paper distinguishes between organisational priorities and the individual learner, with the former being considered in more detail. Four different approaches to assessing the learning value contribution are identified:

1. Learning function measures
2. Return on expectation measures
3. Return on investment measures
4. Benchmark and capacity measures

The CIPD has developed a model of value and evaluation in order to develop methods of assessing the value of learning reflecting distinctive organisational characteristics. It emphasises the need for interaction between trainers and managers to keep learning objectives in line with organisational objectives.

(Level five: ROI)

ROI is measured using calculations, e.g. \( \text{ROI (\%)} = \frac{\text{Benefits} - \text{Costs}}{\text{Costs}} \times 100 \)

(Phillips1996). This may be combined with balance scorecards to measure ‘people performance’ or human capital (Kearns June 2004).

A.6 Reflection

A.6.1 Introduction

Reflection is thought by many to be integral to any CPD scheme; as Friedman puts it, ‘reflective practice is often viewed as the hallmark of professionalism’ (2007: 74). Mezirow (1990) argues that reflection leads to ‘transformative learning’. He states:

“Perhaps even more central to adult learning than elaborating established meaning schemes is the process of reflecting back on prior learning to discover whether what
we have learnt is justified under present circumstances. This is a crucial learning process egregiously ignored by learning theorists.”
(www.teachingandlearning.info/learning/critical1.htm)

Of significance is Schön’s (1983; 1996) contribution to thought on reflective practice for professional development. Schön (1996) attempted to change the nature of professional practice by replacing technical rationality - the belief that professionals solve problems by applying specialist knowledge - with his new epistemology of professional practice, based on his concept of ‘knowing in action’, and reflection. Knowing in action is a sort of tacit knowledge which is not available to the conscious mind, and cannot be verbally expressed. This epistemology also involves the concept of ‘reflection-in-action’ as opposed to ‘reflection-on-practice’. It is the former which Schön claims characterises the work of professionals and is described by Moon (1999: 45) as reflection which occurs in association with action and knowledge in use. This has been extended by some to include ‘reflection-before-practice’ (i.e. planning). (Friedman 2007: 80).

Referring to teaching according to Kuit et al (2001) reflective practice is:

“…about the process of teaching rather than about a simple evaluation of teaching, questioning why we do something rather than how, and most important of all, learning by this process. This is a continual reiterative process, which can be visualised as an infinite line of connected loops with each loop representing a cycle of reflection”.

A.6.2 Models of reflection

Schön’s distinctions between knowing in action, reflection in action and reflecting on action are less accepted. There are other ways of classifying reflection. Kuit et al (2001) identify seven models of reflection

a. The DATA method (Peters, 1991)
This method involves four steps:
- Describe
- Analyse
- Theorise
- Act

First, one should describe what was done and what happened, then analyse why a particular approach was used. Next, through reflection, consider whether the theoretical assumptions behind the initial decisions provide a full explanation of what happened. If they do not, then the process should be repeated with revised theoretical assumptions.

b. The critical thinking method (Brookfield, 1987)
This method involves identifying a ‘trigger event’ which is then appraised by recognising the nature of the concern. From this the problem is defined. Through this method, alternative ways of approaching the situation are considered. A new integrated theory is then produced from reflection on the event and the implications of other possible ways of handling the situation.

c. The experiential learning method (Kolb, 1984)
For details, see section A.3.2 above.
d. **The action research method (Hopkins, 1993)**
According to Elliot (1981) this is ‘the study of a social situation with a view to improving the quality of action within it’. Reflection in this method is on what the experience means, and what has been learnt from it. It is focused on matching practice with theory and adjusting theory until it accurately matches practice.

e. **The critical incident method (Brookfield, 1990)**
A significant event in professional life is described to others and the question ‘why was the incident critical?’ is asked. Assumptions of the professional about practice outcome before and after the event are discussed by the group, who develop a new set of assumptions. Then the process is repeated based on the new assumptions until the set of assumptions matches the reality.

f. **The concept map method (Deshler, 1990; Novak and Gowin, 1984)**
This method is a visual representation of the meaningful relationships between concepts/topics. The concepts take the form of prepositions which are linked by verbs describing the relationship.

e.g.

![Concept Map](image)

- **g. The storytelling method (Mattingly, 1991)**
Mattingly has developed the everyday informality of story telling into a formal aid to reflection for professionals. A narrative is constructed explaining what has happened and why and what was expected to happen. It also details what the experience meant to the narrator and how it will affect future practice.

### A.6.3 How to measure reflection

Reflection is inherently difficult to measure, assess or even prove. Ixer (1999) discusses the ambiguous nature of the term ‘reflection’. He states: ‘Until such a time as we can state more clearly what it is, we may have to accept that there is no theory of reflection that can be adequately assessed’. He posits that reflective practice should not be assessed as a measurable skill available to standard assessment criteria. He emphasises that we do not know enough about what reflection is to assess it fairly. He also suggests that we can assess reflection to the extent of determining whether or not it has taken place, but cannot measure it.
A.6.4 What should be measured?

We can distinguish different types of reflection from different degrees of reflection. We can reflect more and more deeply on things, we can also reflect on different things. Hatton and Smith (1995) established criteria which can be used to identify four different kinds of writing demonstrating different levels of reflection:

1. Descriptive writing: No reflection;
2. Descriptive reflection: An attempt to provide reasons based on personal judgement or literature read;
3. Dialogic reflection: A form of discourse with oneself – an exploration of possible reasons; and
4. Critical reflection: This involves giving reasons for decisions or events taking into account broader historical, social and/ or political contexts.

Meizrow (1981) identified seven levels of reflectivity: O’Connor and Hyde (2005) define these levels in more detail:

1. The act of reflectivity: awareness of a particular perception, meaning or behaviour relating to the self or of a habit in relation to seeing/thinking/acting;
2. Affective reflectivity: awareness of how one feels about the way one perceives/thinks/acts;
3. Discriminant reflectivity: assessing the efficacy of one’s perceptions/ thoughts/ actions and habits of doing things; recognising reality contexts of situations and identifying immediate causes and relationships with situations;
4. Judgemental reflectivity: making or becoming aware of value judgements related to perceptions, thoughts, actions and habits;
5. Conceptual reflectivity: critiquing one’s own awareness having become aware of something, such as questioning the concepts one uses to evaluate another person;
6. Psychic reflectivity: recognising in oneself the habit of making premature judgements about others made on limited information, as well as recognising the interests and anticipations which influence the way one perceives/ thinks/ acts;
7. Theoretical reflectivity: awareness that a set of taken-for-granted cultural or psychological assumptions is responsible for the habit of making premature judgements and conceptual inadequacy.

A.6.5 Assessment/measurement techniques for reflection

Moon (1999: 60) discusses the process of using a written journal as a means for reflective practice, and describes other methods to represent reflection, including non-verbal techniques such as drama and drawing. Various approaches to evidencing reflection as a skill or ability, a state of mind or an orientation to problem-solving are identified.

Concerning portfolios Snadden (1999) asks ‘can we assess their content by agreeing that participation and a set of personal objectives is enough, or do we have to formally assess them in a standardised way?’ He suggests that portfolios are difficult to assess using standard assessment techniques because they contain personalised material with few points of objectivity. Also assessment is labour intensive due to the need for careful reading and sensitivity to the learners’ personal objectives. Snadden
(1999: 479) points out that there are currently no suitable methods to assess concepts such as professional mastery, performance in practice and continuing professional development. We have to make a 'mental shift' and look beyond traditional methods of assessment if we are to assess such concepts accurately. Until this time, he says, 'we will continue to struggle to measure the immeasurable, and may end up measuring the irrelevant because it is easier'.

Rutter (2006) provides a guide for students to know what was required of them in terms of reflection. It focuses on making assessment criteria accessible to students. Rutter addresses the problem of someone who has excellent reflective skills but poor writing skills, and how to identify good reflection despite poor articulation in writing. He recognises the difficulty of defining the learning outcome of critical reflection, but the paper identifies the main outcome as 'identification and evaluation of the learning and development pertaining to future practice'. People need to be trained in critical reflection, they cannot be expected to know how to do such an exercise – it will not come naturally to many, he says.

Kuit et al (2001) noted that diaries or logs must be used correctly as a means of data collection for reflection if they are to be of value. For example they should not include personal comments about colleagues (Beaty 1998 in Kuit et al., 2001). Chivers (2003) notes that keeping 'reflection logs' will not be of long-term, sustainable value if people are only completing them nightly or weekly due to external strictures (e.g. course requirements). Only those who complete a log for the right reasons and actually reflect on it will see the benefit and incorporate the process into their routine.

Kuit et al. (2001) recommend formally identifying categories of what to observe in a diary and how these will inform reflection. Keeping a diary forces description of, and reflection on, everyday events but to properly do so may be time consuming. Logs can be used merely as a record of events which act as an aide to memory so that those events can be reflected on at a later date.

Chivers (2003) questions our usual conception of reflection as a solitary activity. Many workplace activities involve group or team interaction. He recommends reflection undertaken in a group or on a one-to-one basis and emphasises the important role of managers. He highlights the lack of enthusiasm and expertise of managers when it comes to developing staff, and also points out that professionals usually only talk in this way to managers or peers, and reflect only when a serious (usually negative) incident has occurred. Chivers refers to Brooks (1999), who suggests that peer group reflection may not be successful because professionals are defensive about revealing weaknesses in a competitive work environment. However he reports: ‘My experience has revealed that this form of in-depth interviewing, conducted one-to-one by myself, alone and in confidence, has not only been helpful but also has been a profound experience for those I have interviewed’ (2003: 6).

In a similar vein, O'Connor and Hyde (2005: 293) identify two strategies of reflection: writing tools (diaries/logs, etc.) and group interaction. They point out that ‘A number of writers (McGill & Beaty, 1995; Platzer et al, 2000) have asserted that group processes and group dynamics can generate powerful insights and understandings into complex professional issues by means of sharing, support, challenge and feedback’. They concluded that group reflection with the right organisational support is a very useful and effective method, but because it is so resource-demanding, it is often conducted in isolated chunks, rather than continuously throughout practice.
Appendix B  Evidence from four countries: Australia, Canada, Ireland and the UK

The Professional Associations Research Network (PARN) carried out several surveys of professional bodies covering a wide range of issues concerning their practice: governance, member relations, income and operations, initial professional qualifications and CPD, ethics and external relations. The first surveys were carried out in 2003 in the UK and in Ireland. The basic survey was updated and repeated between mid 2006 and mid 2007 in the UK, Ireland, Canada and Australia. There were minor differences in the surveys between countries to take into account differences in terminology and to highlight issues peculiar to each country, such as the federal systems in Canada and Australia. What follows is information concerning CPD and CPD measurement from the surveys.

B.1 The Surveys

Table B.1 shows the timing and response rates for these surveys. Roughly 90% of the questionnaires used in each country were identical to those undertaken in 2006/07, with some country-specific uses of language and a few country-specific questions. In addition those surveys contained roughly 85% of identical questions with those carried out in 2003. The database upon which the population of professional bodies was based was compiled from extensive searches of directories and websites in each country. Given PARN's history and extensive membership in the UK, the survey population used for the UK surveys is assumed to be closest to the actual population. However, as noted in PARN publications, the survey populations are presumed to be less representative of the actual population for smaller professional bodies and for new ones. Further descriptions of these surveys and results concerning a wide range of issues that describe professional bodies in those countries can be found in Friedman and Mason, 2004; 2007; Friedman with Afitska, 2007 and Friedman, Williams and Afitska, 2007.

Table B.1 Summary of PARN surveys of Professional Bodies

<table>
<thead>
<tr>
<th>Country</th>
<th>Questionnaires Sent</th>
<th>Useable responses</th>
<th>Survey period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>336</td>
<td>49</td>
<td>May-July 2007</td>
</tr>
<tr>
<td>Canada</td>
<td>406</td>
<td>75</td>
<td>Oct 2006-Jan 2007</td>
</tr>
<tr>
<td>Ireland</td>
<td>114</td>
<td>21</td>
<td>June-Dec 2006</td>
</tr>
<tr>
<td>UK</td>
<td>334</td>
<td>110</td>
<td>April-July 2006</td>
</tr>
<tr>
<td>Ireland</td>
<td>114</td>
<td>26</td>
<td>Sept-Dec 2003</td>
</tr>
<tr>
<td>UK</td>
<td>299</td>
<td>129</td>
<td>June-Sept 2003</td>
</tr>
</tbody>
</table>

B.2 CPD Policies and compliance requirements

Table B.2 shows the proportion of professional bodies that have a CPD policy and the type of policy according to compliance requirements. It is worth noting that the majority of professional bodies in all these countries have a CPD policy.
### Table B.2 CPD policies and types of compliance requirements

<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>Canada</th>
<th>UK</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have CPD policy</strong></td>
<td>71%</td>
<td>66%</td>
<td>85%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>No reply</strong></td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td>49</td>
<td>56</td>
<td>110</td>
<td>21</td>
</tr>
<tr>
<td>Compliance type of those with policy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compulsory</td>
<td>26%</td>
<td>54%</td>
<td>20%</td>
<td>43%</td>
</tr>
<tr>
<td>Obligatory</td>
<td>26%</td>
<td>0%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>Voluntary</td>
<td>37%</td>
<td>24%</td>
<td>43%</td>
<td>36%</td>
</tr>
<tr>
<td>Mixed</td>
<td>11%</td>
<td>22%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>No reply</strong></td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td>35</td>
<td>37</td>
<td>93</td>
<td>14</td>
</tr>
</tbody>
</table>

Penetration of CPD policies seems to have proceeded furthest in the UK. There are a number of reasons for this.

- It is possible that UK professional bodies are indeed ahead of those in other countries. There are claims that CPD as a concept originated in the UK (see Friedman et al. 2000).

- Newer professional bodies are less likely to have a policy.

- There is a correlation between size of professional body and having a CPD policy. CPD policies can be expensive to support because, to make them credible, a CPD programme is needed. Even a voluntary programme that is unmonitoried requires formal guidance notes and some sort of helpline is likely to be expected by the membership. This is likely to be most important for explaining the slightly lower Irish result.

- Another consideration which may affect the lower Canadian result is that if a profession is represented by several professional bodies distinguished by the functions those bodies perform, a lower proportion of all the professional bodies in that country will have formal policies for any one of those functions. For example, when comparing the structure of the professional bodies ‘sector’ in a country where self-regulation is the norm with one where there are different bodies performing the representation role and the regulation role: the proportion of all professional bodies which deal with disciplinary procedures and with policies on those procedures will be lower in the second country, because in that country only half of the professional bodies covering any one occupation will have disciplinary procedures policies. This is the likely explanation for much of the difference in proportions of companies with a CPD policy in Canada and Australia compared with the UK. In Canada, for example, education is a provincial matter. Therefore a higher proportion of professional bodies at the provincial level have CPD policies.

There are wide variations in the proportions of professional bodies with different compliance policies between the countries. While only 20% of UK professional bodies and 26% of those in Australia have a compulsory policy towards CPD, the proportions in Ireland and Canada are roughly double those in the UK and Australia. In addition most of the mixed policies have an element of compulsion, that is, most of them are a combination of voluntary or obligatory CPD for some members and compulsory CPD for others, usually those at a higher level of membership.
Perhaps most striking is the variation in the proportion of professional bodies with obligatory policies towards CPD compliance. Obligatory policies had been most common in the UK in the early days of CPD. Obligatory approaches tend to centre around a statement in the associations' ethical code or code of practice which requests members to keep up to date with developments within their profession. They emphasise that it is the professional responsibility of the member to maintain and develop their competence. Sometimes a specific reference to CPD is made in the code.

Obligatory policies are more common in more traditional professional bodies, particularly ones that were formed in the first half of the 19th century (see Freidman et al. 2000). It is interesting that Canadian professional bodies do not recognise the term obligatory. None of those responding to the PARN professionalisation survey of 2006 in Canada identified their policy as obligatory, though the term is used by some professional bodies in Ireland and more in Australia than in the UK.

Table B.3 shows changes in compliance policies towards CPD among a sample of professional bodies that responded to both the 2003 and 2006 surveys in Ireland and the UK. The table shows a clear decline in the proportions of professional bodies reporting obligatory policies along with a smaller rise in all other categories of compliance policies.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a CPD policy</td>
<td>92%</td>
<td>87%</td>
<td>80%</td>
<td>73%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Base</td>
<td>61</td>
<td>61</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Compliance type of those with CPD policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compulsory</td>
<td>14%</td>
<td>17%</td>
<td>33%</td>
<td>45%</td>
</tr>
<tr>
<td>Obligatory</td>
<td>32%</td>
<td>25%</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>Voluntary</td>
<td>36%</td>
<td>40%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>Mixed</td>
<td>16%</td>
<td>15%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>No reply</td>
<td>2%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Base</td>
<td>56</td>
<td>53</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>

B.3 Measurement of CPD: inputs vs. outputs

Table B.4 shows a wide range of proportions of professional bodies that formally measure CPD in the different countries. These vary between the lower proportions in Canada (59%) and in the UK (66%) to the much higher proportions in Ireland (79%) and Australia (80%). Interestingly in Ireland and Australia, none measured CPD purely by outputs. However in both those countries a high proportion reported a mixed measurement scheme. The proportion that measure by inputs only was highest in Canada and lowest in the UK.
Table B.4 Measurement of CPD participation

<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>Canada</th>
<th>UK</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inputs</td>
<td>37%</td>
<td>43%</td>
<td>28%</td>
<td>36%</td>
</tr>
<tr>
<td>Outputs</td>
<td>0%</td>
<td>16%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed</td>
<td>43%</td>
<td>0%</td>
<td>17%</td>
<td>43%</td>
</tr>
<tr>
<td>No formal</td>
<td>20%</td>
<td>41%</td>
<td>34%</td>
<td>21%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Base</td>
<td>35</td>
<td>37</td>
<td>93</td>
<td>14</td>
</tr>
</tbody>
</table>

For those with an inputs system of measurement, Table B.5 shows whether the system is based on hours or points. We regard a points system as a little way along the ‘path’ towards output measures in that points systems generally give greater weight to activities that are presumed to be more likely to lead to positive learning or practice outcomes. There are wide differences in emphasis on hours or points as input measures in different countries. Hours is the favoured measure in the UK and in Canada. In Ireland points are more common than hours.

Table B.5 Basis for input Measures of CPD participation

<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>Canada</th>
<th>UK</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>50%</td>
<td>75%</td>
<td>60%</td>
<td>36%</td>
</tr>
<tr>
<td>Points</td>
<td>43%</td>
<td>25%</td>
<td>24%</td>
<td>45%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>4%</td>
<td>0%</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td>Base</td>
<td>28</td>
<td>16</td>
<td>42</td>
<td>11</td>
</tr>
</tbody>
</table>

The survey did not ask a question based on professional bodies stating that they used an output measure. Rather they were asked what methods they used for gathering evidence of CPD participation. We can interpret the results shown in table B.6 as providing evidence for output measures at two phases in the CPD cycle: planning and reflection. Evidence from records of activities can be regarded as either input or output measures depending on whether the records are of hours/points, or if the record of activities is linked to plans, reflections or outcomes achieved.

Table B.6 Methods of gathering evidence of CPD participation

<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>Canada</th>
<th>UK</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record of activities</td>
<td>77%</td>
<td>89%</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>Evidence of planning</td>
<td>17%</td>
<td>32%</td>
<td>47%</td>
<td>36%</td>
</tr>
<tr>
<td>Evidence of reflection</td>
<td>26%</td>
<td>32%</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>No evidence</td>
<td>23%</td>
<td>8%</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Base</td>
<td>35</td>
<td>37</td>
<td>93</td>
<td>14</td>
</tr>
</tbody>
</table>

Professional bodies in the UK were more likely to gather evidence of planning and reflection compared with the other countries. Relatively few Australian professional bodies gather evidence of reflection and particularly few gather evidence of planning compared with other countries.

We pooled all the observations across the countries in order to divide the data in different ways. We examined the distribution of CPD policies and measures by:
- Size (measured by number of individual members)
- Sector (using a simple 4 sector approach)
* Type of professional body (pure professional association vs. combinations of types of professional bodies).

Table B.7 compares the proportions of professional bodies that measure CPD by inputs or outputs by size of professional body.

**Table B.7 CPD measurement philosophy by size of professional body**

<table>
<thead>
<tr>
<th>Number of individual members</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Mixed</th>
<th>No Formal Method</th>
<th>Total</th>
<th>Proportion with formal method using either outputs or mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-500</td>
<td>38%</td>
<td>6%</td>
<td>13%</td>
<td>44%</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td>501-1500</td>
<td>39%</td>
<td>6%</td>
<td>23%</td>
<td>32%</td>
<td>31</td>
<td>43%</td>
</tr>
<tr>
<td>1501-5000</td>
<td>28%</td>
<td>11%</td>
<td>30%</td>
<td>30%</td>
<td>53</td>
<td>59%</td>
</tr>
<tr>
<td>5001-20000</td>
<td>37%</td>
<td>11%</td>
<td>14%</td>
<td>37%</td>
<td>35</td>
<td>43%</td>
</tr>
<tr>
<td>&gt;20000</td>
<td>32%</td>
<td>28%</td>
<td>16%</td>
<td>24%</td>
<td>25</td>
<td>57%</td>
</tr>
<tr>
<td>No reply</td>
<td>32%</td>
<td>26%</td>
<td>16%</td>
<td>26%</td>
<td>19</td>
<td>56%</td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>14%</td>
<td>21%</td>
<td>32%</td>
<td>179</td>
<td>51%</td>
</tr>
</tbody>
</table>

There is a fairly clear, but not very strong, relationship between size and having a formal measurement system. Only 56% of very small professional bodies have formal measurement systems compared with 76% of the largest size category with 63-70% of size categories in between. While the very large professional bodies are distinguished from the others by a higher proportion reporting using outputs as a measure, if we examine those using either outputs or a mixed policy, the key difference is with the very smallest of professional bodies only. Those with more than 20,000 members reported roughly the same proportion using output or mixed measures than those with 1501-5000 members.

It may be that those reporting using mixed measures are thinking of different things and this may be size sensitive. For example, for some a mixed measure may be an input system based on points while for others it may be that evidence of planning and/or reflection is included in an hours method, that is, the CPD requirement includes both some evidence of planning or reflection and a certain number of hours required per year or other time period. For others it may be that output measures are used for some categories of membership and input measures for others.

The pattern for measurement by outputs is even clearer by size with only 6% of the smaller two categories measuring by outputs, 11% of middle size categories and 28% of the larger organisations. If we compare the proportions of those with a formal measurement philosophy that use either outputs or a mixed method, the pattern is somewhat different, with the size category of 5001-20000 substantially less than the smaller category of 1501-5000, and the same as those with 501-1500 members.

Table B.8 shows that the occupational sector breakdown we used did not produce a significant distinguisher between CPD measurement philosophies. Those in the health sector were most likely to have a formal measurement philosophy and those in the education, social, media and culture sectors were least likely. Of those with a measurement philosophy, more than half in both those sectors used outputs or mixed measurement methods, (55% for health and 62% for education, social, media and culture). This compares with 46% of those that had a measurement method using outputs or mixed methods in both the other two occupational sectors.
Table B.8 CPD measurement philosophy by sector

<table>
<thead>
<tr>
<th>Occupational sector</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Mixed</th>
<th>No Formal Method</th>
<th>Total</th>
<th>Proportion with formal method using either outputs or mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>34%</td>
<td>13%</td>
<td>28%</td>
<td>25%</td>
<td>53</td>
<td>55%</td>
</tr>
<tr>
<td>Finance, Law, Business and Management</td>
<td>39%</td>
<td>10%</td>
<td>22%</td>
<td>29%</td>
<td>51</td>
<td>46%</td>
</tr>
<tr>
<td>Environment, Engineering, Science, Construction and Transport</td>
<td>36%</td>
<td>18%</td>
<td>13%</td>
<td>33%</td>
<td>45</td>
<td>46%</td>
</tr>
<tr>
<td>Education, Social, Media and Culture</td>
<td>21%</td>
<td>17%</td>
<td>17%</td>
<td>45%</td>
<td>29</td>
<td>62%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>14%</td>
<td>21%</td>
<td>32%</td>
<td>179</td>
<td>51%</td>
</tr>
</tbody>
</table>

Interestingly the proportion of professional bodies using input vs. output measures did not differ according to the function of the professional body when we distinguished those that carried out a representative function compared with those who carried out a regulatory function. However, there was a difference in the proportions that reported mixed methods and those that reported inputs. Of purely professional bodies, that is those with no regulatory function, only 8% reported measuring by inputs and 27% reported using mixed methods, while of those with a regulatory function 32% reported using inputs and only 7% reported using mixed methods. The proportions using output measures were the same, 35% for pure professional associations and 36% for those with a regulatory function.

Table B.9 shows no considerable correlation between income and output measurement, or income and either outputs or mixed. This is an interesting finding considering the widespread opinion that output systems take up a great deal of resources, meaning that only richer organisations can afford to implement them.

Table B.9 CPD measurement by income

<table>
<thead>
<tr>
<th>Income in last financial year (GBP)</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Mixed</th>
<th>No Formal Method</th>
<th>Total</th>
<th>Proportion with formal method using either outputs or mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;250,000</td>
<td>31%</td>
<td>10%</td>
<td>18%</td>
<td>41%</td>
<td>39</td>
<td>70%</td>
</tr>
<tr>
<td>250,001-1,000,000</td>
<td>38%</td>
<td>12%</td>
<td>1%</td>
<td>32%</td>
<td>50</td>
<td>74%</td>
</tr>
<tr>
<td>1,000,001-5,000,000</td>
<td>31%</td>
<td>19%</td>
<td>21%</td>
<td>29%</td>
<td>48</td>
<td>71%</td>
</tr>
<tr>
<td>5,000,001-10,000,000</td>
<td>25%</td>
<td>17%</td>
<td>25%</td>
<td>33%</td>
<td>12</td>
<td>63%</td>
</tr>
<tr>
<td>&gt;10,000,000</td>
<td>38%</td>
<td>19%</td>
<td>25%</td>
<td>19%</td>
<td>16</td>
<td>69%</td>
</tr>
<tr>
<td>No reply</td>
<td>36%</td>
<td>7%</td>
<td>29%</td>
<td>29%</td>
<td>14</td>
<td>60%</td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>14%</td>
<td>21%</td>
<td>32%</td>
<td>179</td>
<td>70%</td>
</tr>
</tbody>
</table>
The information gathered from the surveys gives a broad perspective of some of the issues surrounding a professional body’s choice of CPD measurement system. We can begin to build a broad picture of the profile of the type of professional body which might measure by input, and the type which might measure by output. This chapter addresses broad issues regarding the type of organisation with regard to input, output or mixed measurement techniques. However, the surveys did not go into any detail about the nature of the different approaches to measurement, or indeed motivations behind selecting one approach over another. This is the sort of information provided by the case studies.
Appendix C  Case Studies

C.1 Methodology of Case Studies

Two dimensions were significant in selecting professional bodies to participate in case studies: interesting measurement techniques and international scope. Initial searches for appropriate professional bodies to interview involved identifying those organisations that stated they measured CPD by output in the PARN Professionalisation Survey 2006 (Appendix B). To provide a balanced viewpoint, a selection of those with input-based systems was also chosen for further investigation. Web research was then conducted into these professional bodies, and a shortlist was created of those with interesting CPD measurement schemes. These organisations were contacted, and most agreed to participate. The PARN survey at the time of choosing cases only covered the UK, Ireland and Canada, and no organisations in Ireland or Canada reported using output-based schemes. Therefore in addition to survey data, interesting candidates overseas were identified through extensive web searches, from information provided by UK professional bodies and from contacts with various international accounting bodies provided by IFAC.

Throughout August and September 2007, telephone interviews were held with 15 professional bodies worldwide, across sectors including: Accounting, Medical, Construction & Engineering, and Information Technology. As well as the UK, interviews were held with professional bodies in Canada, Germany, Kenya, New Zealand, Singapore, South Africa and the USA.

Telephone interviews were conducted by the authors and were on average 45 minutes in duration. Two templates of questions were used: one for those with input-based schemes and another, more extensive set for those with output-based schemes. Interviewees were asked about their CPD scheme in general and their experience so far, whether or not they use a CPD cycle, and if so, the details of that cycle, methods of assessment/measurement (during each phase of the cycle where applicable), and competency frameworks. The questions for those with input-based schemes looked particularly at whether or not evidence was required, and if it was, the type of evidence required in addition to basic input measures. This was done to try and identify if an organisation has been using some sort of output measure, without realising it (see question templates in appendix D). Interviews were recorded and fully transcribed before being written up into case studies.

C.2 The Chartered Institute of Management Accountants (CIMA)

CPD has been mandatory for some time, and in 2006, the organisation switched to a new output-based scheme. During this changeover, the importance of CPD was formalised and communicated: the organisation needed to establish improved CPD to ensure the continued good reputation of the profession. The organisation believes this is an incentive for its members to keep themselves up to date. The changes also emphasised the need for better understanding of CPD among members and so the professional body now concentrates on workplace development and role relevance, and is trying to break the opinion that CPD is narrowly focused on updating technical skills: “that’s still the perception for quite a lot of people and it continues to be one of the things we need to communicate.”

This broad perception of CPD follows the IFAC standard: a modern professional working in an organisational environment needs to have a wide range of interpersonal skills, a wide understanding of the business, of stakeholders and of
management skills: “it wasn't good enough just being an expert in a technical area, especially for senior members. It was very much about being able to communicate with the other functions within the organisation and that required more developed skills.”

The organisation has a very developed CPD cycle which involves six phases rather than the usual four. The phases are as follows:

1. “Defining”
A member defines their role as a professional in business, as well as any aspirational roles, therefore creating a duality in terms of looking at their current role performance, and looking ahead to their personal professional development. After defining their role, members then break down that role into key responsibilities to be maintained or improved as appropriate. The employer often has input into determining these responsibilities. This is because the organisation did not want members to have to be filling in different forms for different sets of people. If the templates and processes at work fit with these phases, then they are valid.

2. “Assessing”
During this phase, the organisation encourages its members consider whether they are meeting the expectations of various stakeholders in their role as a professional. At this point they should be looking for gaps in their competence, in terms of knowledge, understanding, skill or attitude, with a view to addressing them through future CPD. The organisation provides an online CPD planner which helps members identify gaps in their knowledge, and work out how best to go about closing those gaps. They look at the competence landscape and identify the areas which are important to their particular role. They then assess themselves and the planner automatically suggests resources and ideas to help them meet that particular need.

3. Designing
The organisation encourages members to design a professional development programme around activities they perceive to be relevant to their role, satisfying key identified needs which are realistically attainable.

4. Action
This is the point in the cycle where members participate in the chosen learning activity.

The organisation has found that having restrictions on the type of activity which can count towards CPD was limiting the productivity of CPD for the individual: “My personal view is that this has been one of the barriers that we've tried to remove because CPD is barrier-ridden. We wanted to try and bring down those barriers as much as possible, and this was one way of removing all those rather artificial frameworks around 'structured' and 'unstructured' and so on.”

Having a minimum requirement of input hours to CPD was also seen as a barrier to real development: “If you have an hours-based scheme, people focus on getting their hours. It is not conducive to an ongoing professional development scheme because you may well achieve your 30 hours by February and then sit back and relax for the rest of the year.”

5. Reflection
The organisation believes that it is very important to set time aside to reflect skilfully. It regards this phase of the cycle as a ‘quality checkpoint’, where people can see
what they have done and the effect it has had on different stakeholders, and whether or not it was successful.

“We didn't want a tick-box approach to CPD. We wanted people to be using the recording as a way of making things explicit and of checking the quality of their decisions and making different ones next time if they didn't make the grade.”

The organisation encourages, and is in the process of developing, support for group reflection. Over the past year they have been staging workshops where individuals, in groups of two or three, have had the opportunity to reflect on their developments. They are also given access to reflective question templates: one is for reflecting as an individual, and the other is in dialogue with a peer. This element of the scheme is currently being worked on, and will be strategically introduced in due course.

6. Evaluation
If the reflection phase is about looking at individual elements and activities, the evaluation phase is also considered to be a time when the individual looks back on their year as a whole and reflects: “evaluation is a true, fair reflection on their development. Not every single detail, but the key things that link into their responsibilities.”

The organisation encourages members to evaluate their actual development against their projected development outcomes and gauge their success in meeting their targets. Any outstanding development needs that have not adequately been met should be brought over to the next cycle. They should examine their annual record and be satisfied that it is a true representation of their professional development over the course of the year.

Members in practice have had their CPD records monitored for around 10-12 years, but the monitoring of members in business is recent. A sample of CPD records of both members in business and in practice is now audited, with a higher percentage in the latter as the organisation considers members in practice to be those closest to the public and therefore present more of a risk. They also direct monitoring towards those with more senior positions who hold more responsibility. If members are found not to comply, in the first instance they will be given more time and assistance, and only those who are found to be wilfully non-compliant will generally go through the conduct process.

The organisation makes a point of monitoring each phase of the cycle, to ensure full progression through the CPD cycle, by checking through the forms members send in, and identifying any gaps in the cycle. The reflection phase is most often left out. If a gap is detected, the individual will be contacted and asked to complete the missing phase: “we don't really look specifically at what it is they've chosen to do, because that's up to them – and how do we know if it's right for them? But we do look for if they've done something and engaged with all elements of the cycle.”

During the audit, the organisation does not strictly check for a certain set standard of quality in the records. They simply check that what is submitted is ‘reasonable’: “I think if a member were to send in a piece of work that is clearly very shoddy, and for example, filled in one word for each of the areas, then we would want more detail and we would go back to them.” There is at present no set standard, and what is considered to be ‘reasonable’ is at the auditor’s discretion.

Assessing the content of the forms is something the organisation will think about in the future, but with the exception of a few, including those who produce far too much,
the standard is usually consistent. Recent research has however picked up on a difference in standard when it comes to the reflection phase of the cycle: “as you go through [the forms] there are quite concrete terms which come out and link in with the development … [there are] often between one and three elements in each ‘reflect’ section which demonstrate that they’ve clearly been thinking about it.”

CPD output measurement for members is done entirely by self-assessment. They are not considering moving to a more objective method – this decision is down to their principle of trust: “that’s one thing we took from the older ideas of CPD that were based around obligation and duty – we’ve had to say we trust people as professionals, having gone through a certain amount of torture to get their professional qualification, they have that sense of responsibility and trust.”

The organisation believes it is very difficult to produce any quantitative measures from an international membership with a range of very different roles and responsibilities. It is far better to ensure that CPD is valuable to the individual than it is to accurately and objectively measure the output. They have no problem with relying on the individual, but agree that it would be useful to have some sort of benchmark from which they can assess themselves.

There is no set competency framework for accountants, but the organisation has developed a ‘competence landscape’ which is a range of competencies that members can measure themselves in. They are developing a short questionnaire for each competence so that members can reflect on their experience and levels of expertise. From this, they believe it is possible to develop levels across the membership that they can set as targets for themselves: “I think they’re quite interested to see how they stand in certain areas against their other colleagues and peers.”

**C.3 Construction Industry Council (CIC)**

In 1996, the Construction Industry Council decided to improve the sector’s approach to development and recognition of competence: “One of the first areas we explored was CPD and we did that through European funding.” They undertook the EUSCCCP (European Project for the Use of Standards of Competence in CPD for Construction Industry Practitioners), the aim of which was “to find unifying or common factors … we developed a model which all the European partners agreed and in various ways have adopted.”

The outcome of the project was “essentially a fairly simple, cyclical model that focused on the use of outputs and more particularly standards as the hub around which CPD should focus. So we had a 4-phase cyclical model which suggested that people should review where they were now, identify where they wanted to be, plan how they could get there, carry out that process of development and then review where they got to and so the process continues. At the hub of that are standards which allow people to set targets against which they could measure their development.”

The model proposed in the EUSCCCP framework seeks to provide an outline specification based upon the contents of the best practice CPD systems and which can be applied by individuals, organisations, and professional institutions in the construction industries. The model does not seek to specify what topics should be covered by CPD, how much CPD should be undertaken, or how CPD should be delivered. Instead, the framework seeks to encourage designers of CPD systems to move away from those based on inputs, such as hours or points, towards outputs
(achievements). The EUSCCCIP framework encourages a planned and reflective approach to CPD and provides a model for good practice.

Another area where the organisation worked on CPD ‘was on the application of standards and identifying for individuals what they could do to plan and record their CPD in a structured way.’ The EUSCCCIP framework recommends that any system for CPD be enhanced by using an agreed framework of standards of competence (these might be National Occupational Standards, standards set by professional bodies, or profiles set by employers). These provide individuals with the necessary clear and objective reference against which to build their development. The framework is ‘a kind of multi purpose model and in terms of its monitoring….. how people might monitor CPD or be monitored, again, it was on a kind of spiral basis, if you can imagine the model itself being a circle, if you can imagine that then moving up to a spiral in terms of people policing it … one could do it simply by policing oneself at one extreme, moving up to formal structured independent assessment of achievement at the opposite extreme.”

More recently, CIC finished a joint project with the sector institutions, that aimed to convince them to move from an inputs to an outputs-based system. To challenge the institutions, the organisation published a paper which set out a number of areas that the institutions might have wanted to consider in terms of CPD “in a more strategic way.” Five targets were identified: developing output focused CPD, developing a common CPD framework, developing common CPD schemes, developing appropriate CPD provision, and developing mutual recognition. Some institutions had already been moving in that direction and therefore welcomed these targets. “Others however, were rather sceptical and reluctant and so all we’ve been able to do really is to develop a best practice guide and advocate that this would be a way forward.”

Under the suggested CPD system, the member begins the cycle with the reviewing phase: “the individual reviews and analyses and appraises where they are now and records that as a profile of areas in which they’re competent and areas in which they are not competent.” Again, this ‘recording’ is based upon the key issue of standards and competence. Individuals review their personal and professional experiences in a structured way. This appraisal enables them to identify their interests and competences. Analysis of future needs takes account of current, future, job and career requirements. The appraisal results in a profile of the individuals’ personal and professional competences. The analysis identifies the priority areas for their CPD development which is recorded as their profile of needs.

Once the individual has reviewed themselves and established a profile of competence and needs, they move on to the planning phase of the cycle. Here individuals identify the most appropriate learning and development activities and opportunities to meet their profile of needs: “So you plan what you’ve got to do, set that out in a simple plan with a timescale against it so that you can plot what you’re going to do.”

The next phase of the cycle is for the individuals to meet their development needs and achieve their targets. Individuals choose from a wide range or formal and informal activities available to them. Although most activities will be planned, individuals are encouraged to recognise and take advantage of opportunities which arise from day-to-day work experiences, unexpected challenges and professional contacts. During this phase of the cycle, the individual notes down a detailed record of the development activities undertaken. The record shows the intended objectives, what objectives have actually occurred and with what consequences.
The cycle then passes onto the assessment phase where the individual measures up their results against their development plan and assesses whether they have achieved their desired competences: "What were your targets? Have you met them? Have you moved on? Have you increased your competence, your knowledge, your understanding, whatever it might be? And you record that and then the whole cycle repeats again."

The individual then has the option of self-assessing their CPD. Here the member is looking to assess whether they have achieved the core competencies that they set out to learn in the planning phase: “where they’re not going onto formal programmes, courses whatever, then specifically speaking it’s for them to be honest with themselves as honest professionals and say well have I met this target, am I more competent at doing this, have I understood this, do I know more about this now?”

Neither the self assessment nor the members’ reflections are necessarily monitored or assessed (Institutions are often concerned about the resourcing and effectiveness of the monitoring of members’ CPD): “It is said that we are our own best judges. Certainly as a professional, if you have been trained to think in a professional way, in a methodical way, in an honest way, then you should be honest with yourself in terms of whether you can do or know X and as I say, if the specification is fairly clear, then that helps you to be more objective about measuring yourself and being honest with yourself...after all, Professionals sign up to a Code of Conduct which has inherent implications about the currency of their competence.”

As well as self assessment, members also have the option of having their CPD audited by a third party where proof of their learning has to be demonstrated: “if they’re assessing themselves, then they’re declaring that they have done these things and that’s one thing. If they need to demonstrate it to a third party then it’s a matter of producing evidence which is a very similar process to what happens when people demonstrate their competence for an NVQ: in other words you produce a portfolio of evidence of things from the workplace or from your development processes which are mapped against the criteria in the standards.”

According to CIC’s representative, the future of CPD depends on changing the mentality and practice of both individuals and organisations: “and that’s not just with CPD, but everything we’re trying to do in the Sector Skills Council. Because it’s very much trying to move people towards a self responsible approach to their development, and people managing their own development and people seeing competence as something to strive for and maintain. So in a sense it’s not just isolating CPD, it’s trying to move the whole sector forward, CPD being one aspect of how the sector’s skills and needs can be achieved.”

The representative was of the opinion that moving away from a purely inputs-based approach may give the impression that more is being expected of members and the result may be a ‘turn off’ for many and lead others to leave the organisation (then again, the existing ‘inputs’ approach is also a turn-off, suggesting that CPD is a necessary ‘chore’ to cover a minimum number of hours). Because of this, the scheme needs to be as simple as possible. One possibility would be for institutions to introduce a monitoring process on their annual renewal application form through which the member declares that they have undertaken their CPD. However, there are possible drawbacks in introducing tighter measures: “you start to move into the whole business of license to practise ... unless you are formally seen to be competent in a particular area, should you be given license to practise? I think that probably, as the institutions stand at the moment, [that is] a bridge too far. At the end of the day, all those institutions are in the numbers game and if you make the rules too hard then you don’t get as many members joining or ... [staying] on as members.” Ultimately,
individuals need to recognise that there is an advantage in structuring their CPD to benefit their personal career development, help meet the needs of their employer/work situation, meet the requirements of their professional body, and generally serve the enhanced performance of their sector.

C.4 Royal College of Psychiatry (RCPSYCH)

RCPSYCH is unusual in that it asks its members to form peer groups to discuss their CPD. At the beginning of the annual CPD cycle, the peer group has a discussion to decide what their educational objectives would be for the forthcoming year and dedicate a plan based on that. The peer group is essentially self-selecting and would normally consist of 3-6 individuals of whom one would be the lead or co-ordinator. The group meets at various intervals throughout the year. It is the responsibility of the group to give educational approval to events that an individual member wants to attend. Instead of having approval from the organisation for certain events, as in the past, it is now up to the peer group to decide what is best for an individual and their educational needs. Members still need to collect at least 50 hours of CPD per year in order to be in good standing with the organisation.

The peer group system has been in place since 2001. There has not yet been any research or formal audit on how the peer groups work, but this is something the College would like to do in the near future. Anecdotal evidence based on general feedback is that members do like this way of doing CPD: they find peer group work to be valuable in terms of not only support, but also in terms of challenge, because peer groups provide an opportunity to reflect on what they have learnt from the event, and how it has changed their practice.

RCPSYCH does not stipulate how often the groups should meet, but does require that they meet at least twice a year – first to plan, and second to review. They have found, however, that groups generally like to meet far more often than this with some even meeting once a month. The groups are generally left to their own devices as to the shape and direction the discussion takes. The only guidance they are given is that they should be completely objective on what they are planning, and how it ties in with their NHS appraisal.

Although the peer groups are generally well received, some people have difficulty in establishing such groups - for example people working past NHS retirement age, those working in remote areas, or those with very specific specialities. The organisation has tried to make it easier for these people by stating that groups do not have to be age, geography or speciality-specific. They also have a network of CPD regional coordinators who can help people in this sort of situation. Forming groups does however remain a problem for locums who move around regularly.

The College does not have observers at these meetings to see how they are going, but may review this. At present all the Regional Coordinators feed back on how their respective groups are getting on.

During a typical peer group session, members discuss their plans and reflect on what they have done. The organisation has had difficulty getting over what exactly objective setting is, and so have decided to provide guidance on objective setting in the next policy statement.

There is no detailed guidance published about the expected content or format of peer group sessions (e.g. questions that they should ask each other), but they are given direction. They are asked to think about their CPD in terms of knowledge, skill,
attitude and social skills, and to look at four different levels of practice, outlined as follows:

**Level 1: “The Common Core” – Common to all practitioners**
- attending postgraduate lectures for GPs and other local specialists
- discussing common problems with other practitioners
- initiating treatment in liaison with other medical specialists

**Level 2 – Common to all psychiatrists**
- read about multi-disciplinary teams and their dynamics
- read articles on appraisal and supervision
- continue monitoring own performance with team managers

**Level 3 – Common to all psychiatrists in the subspecialty (e.g. general adult psychiatrists, forensic psychiatrists, etc.)**
- ongoing reading of major journals and text books
- continued monitoring of outcomes of in-patient and out-patient care
- ongoing evaluation of clinical practice

**Level 4 – Related specifically to the member’s job**
- content dependent on the specific psychiatrist’s role

They are not expected to set objectives around each of those levels every year, but just thinking about these levels can help people realise that they need to update their basic skills.

Some members find it difficult to distinguish between the different levels and domains, and the organisations’ guidance on this is under review.

The College uses the SMARRT system: activities identified in a plan should be specific, measurable, achievable, realistic, resourced and time-limited.

It can be difficult for RCPSYCH to monitor in detail whether specific activities are in fact measurable. It expects this sort of issue to be raised by the peer group, and solved locally. The peer group are responsible for challenging an individual plan if they do not think it is possible to measure. The method by which an individual decides to measure their CPD is left largely up to them, so long as it is approved by the peer group.

Again, rather than formally recording the outcome of their CPD (what they have learnt, measuring the output and filling in a form) members discuss this within their peer group. The College supplies various forms to help facilitate the peer group discussion, in addition to the compulsory form which is required to be returned to the organisation; it is up to the groups whether or not they use these.

Members do have to submit one form to the College, and this is audited. The audit process involves five steps:

1. The form is signed off by a member of the peer group
2. The information on the forms is inputted onto a computer system
3. The computer randomly selects a 5% sample

For those that are selected,
4. The organisation writes to the individual whose record was selected, and ask them for evidence of any external activities undertaken.

5. The organisation writes to the member of the peer group who signed the form, and asks them if the development plan was drawn up satisfactorily, whether the objectives set were relevant to that person’s role, and as far as they are aware, whether they attended the activities they said they did.

As far as measuring CPD in terms of quality, this is deemed to be the responsibility of the peer groups and there is no central system for this.

At the moment, RCPSYCH has no scale of quality with which to assess the form that is sent in: it is simply either acceptable or not. The organisation does not have the capacity at present to assess forms is greater detail. Given the resources, the organisation would like to develop this further.

In the guidance material, there is a lot of material on performance review, which could be seen as an output measure of CPD in terms of application of knowledge and its impact on practice. However, performance review is something that is undertaken by the employer and not by the professional body.

C.5 The Southern African Institute of Chartered Accountants (SAICA)

The Southern African Institute of Chartered Accountants currently has an input-based scheme, which commenced in January 2006. Before that, there was a call for CPD declarations from members every year, but monitoring was haphazard because it was a voluntary policy: “I talk only as a member receiving one, but I only bothered to submit it because I had to do it for the audit where I was working anyway. Nobody really followed up with me as to whether it was done or not.”

Recognising this as inadequate, a mandatory policy was implemented. It is still an input-based policy, but it is structured in a way that allows those members who prefer output-based CPD to follow that approach. They must, however, be in a position to prove to the Institute that they set themselves requirements to deal with a competency deficiency. Although this flexibility exists, not many take up the output-based option. There are few available guidelines or instructions educating people about how an output-based approach works, and it is likely that this has something to do with the low uptake. The focus so far has been to establish and promote CPD in general – in its initial input-based form.

SAICA is currently researching output-based CPD in more detail, because the Board decided that the input-based system would be implemented first in order to get people on board, and then after the first three year cycle, they should move to an output-based scheme.

The organisation has recently implemented an online system where members can directly log their CPD, but has experienced problems with compliance since then. This may be due to a lack of effective communication, which is generally done by email. “Maybe we have to look at other ways of communicating with our members because everybody’s dealing with a lot of emails from all corners, and they don’t really pay attention to them.”

The current scheme complies with the IFAC IES7 standard of 120 hours over three years – SAICA requires that at least 50% must be ‘verifiable’. They are also still grappling with the problem that many members still do not understand the difference
between verifiable and non-verifiable CPD, and a lot of them still think that they physically have to go on courses in order to complete their CPD: “It’s very difficult because most of the queries we get are people saying they don’t have the time to leave their work environment - why should they be obliged to attend lectures and seminars. We try to get the message across to them that that’s not the only way, that those are not the only activities you can take.”

The organisation is experiencing a problem with lack of compliance with the scheme in its current form. Roughly 30% of their members do not comply. There is a percentage of members who are no longer active in professional practice, who could apply for exemption, but since they have not all done so, this cannot be taken into account when assessing compliance: “I think for a lot of them it’s the fixed approach they don’t like. I think a lot of our members, especially the older ones, are thinking that we are questioning their professionalism, and a lot of members are sitting through training and not necessarily listening to it.”

SAICA is currently carrying out a member survey to find out their views of the present system, because since they introduced the online system in September 2006 the numbers went down. They think it might be that if people do not easily understand the system, they may as well just give up: “...we don’t know if that’s the cause, or whether it’s the system itself, or if it’s a general trend.” However, after a reminder in September 2007, the compliance improved. Currently the organisation does not provide any information on reflection or planning, but is hoping to introduce it soon.

Regarding the proposed switch to output-based CPD, research is currently in progress to see whether it is viable or not: “We can’t say now that we will definitely go with output, but if we decide not to, we’ll have to convince our board why not. I think it’s probably the best approach, but measurement is going to be the biggest problem for us.”

The organisation sees CPD as less of an issue with members in industry and commerce, whose employers ensure that they go through learning and development. As long as the professional body is happy with the process in place at the employer organisation, then they are satisfied that sufficient CPD is taking place. However, they realise that with smaller employers, it is likely that there will not be a robust development scheme in place, and so the professional body needs to figure out a way of dealing with that.

Another element of the proposed output scheme would be the development of a ‘learning map’ or competency framework. SAICA has been looking at a competency framework for chartered accountants and drawing from that to try and develop a learning map for all members. They are also hoping to hold focus groups consisting of members so that members can have input into what they think are appropriate competencies.

At the moment there are no audits to check the hours that people have assigned to CPD. At present SAICA does not have the resources to perform audits of CPD records. The proposed scheme involves audits, but not at the individual level – the Institute will look at the scheme employers have in place. If individual members can show they are complying with their firm’s requirements, the organisation feels that should be sufficient for their purposes.

SAICA is optimistic that an output-based approach can be achieved in a cost effective and time efficient manner: “I definitely think this can be achieved. Most organisations actually have professional development criteria in place, and what we
are trying to do is fall in line with what the employer actually expects from the member.” They do not believe that there is a discrepancy between what the employer wants and what is best for the professional development of the individual: “My view is that what an employer requires of you, that's all to do with your career.”

As for the pros and cons of both input and output-based approaches to CPD measurement: “The input approach is not measuring whether you're actually developing competencies relevant to your profession. You don't have a definite plan of what you're working towards, so you could just be attending training for the sake of attending training, but it wouldn't necessarily contribute to improving whatever you're doing. The other disadvantage is the fact that you are required to do so many hours, and people put up a resistance to that. And the other thing is the compulsory logging of CPD – a lot of people are complaining that they don't have the time to do it. So it's got a number of problems. The benefits of the input approach – its easy for members to pick up how many hours of training they've done, they don't have to assess whether they've actually met all the objectives … so you can see why my cons outweigh the pros.

“But if you go for the output-based approach, I think the big strength is that you can determine what you require and where you want to be, so you can set a path for yourself and then you can complete specific training which will allow you to meet those competency deficiencies. I think the biggest con there is the measuring and that's why this project is under way. I think it will still be a challenge, especially when you take into account that a very large portion of our members are entrepreneurial, working for themselves in small operations. To go and measure those people is going to be a bit of a task.”

Having the support of an employer is a great advantage in establishing an effective measurement system, and SAICA envisions a hybrid scheme where there are two options: “For certain members it is easier for them just to log the CPD by input – for bigger organisations we can rely on the systems already in place to assess output. And then for the smaller organisations, we actually need to assess them and see how they are doing, which would be more of an output-based approach on our participants, and this would save on resources.”

C.6 Pharmacy Council of New Zealand (PCNZ)

In 1997, the Pharmacy Council of New Zealand first introduced a competency framework to assist new entrants to the register. It was looking to develop this into a competence assessment for everyone before it became a regulatory requirement: “The Council was quite forward thinking in the mid-nineties to actually set competencies for the profession.”

The Council’s competency framework is highly detailed; it is a task-based framework centred around seven standards. The seven standards range from preparing products, to behaving in a professional manner, to providing primary healthcare. Examples of learning activities are provided in the guidance, detailing what one should do in order to meet a specific competence.

Every piece of learning that a member completes must relate back to the competency framework and, importantly, to the particular standards that they are working in. Only learning completed under a standard relevant to their particular role will count towards CPD: “the CPD you do has to be in the area that you work.”
The individual, rather than the organisation, decides which standards are relevant to their role (80% of members have a role which relates to all seven standards), but the auditors are peers practising in a similar area so they would be able to determine if the selected standards were appropriate: “they are much closer to the coal face.”

The scheme was developed in 2001, and was piloted with 300 volunteers. At that time it involves a practice review and a learning plan. The volunteers filled out some demographics and carried out a self-assessment against the seven standards in the competency framework.

From this pilot, the Council decided that the first step was for members to develop learning needs: “It was all about assessing yourself, finding your gaps, assessing your practice and setting yourself up with two learning goals, and then later you would evaluate your learning.” The pilot involved an intense review of every volunteer, with staff spending up to two hours going through the self-assessment. The process was, however, very informative in terms of using it as a gauge to determine whether the standards still affected the profession: “It was an opportunity for people to identify where their learning was and we wanted to see if this was going to be useful at all.”

The results showed that around 60-70% of participants got their learning during this practice review. The sample was representative – the Council was fortunate that the volunteers consisted of a range of professionals. They also got a wide age range in the volunteer sample. One useful finding was that, with older people especially, many people found that by going through the standards provided in the competency framework, it gave them an idea of where to begin with identifying their learning needs. They made comments such as: “going through these standards has actually given me an idea of where to start. I knew I had to do some extra learning, but I never quite knew where to go.” From the results of the pilot, the organisation learned that providing standards was a good tool for self-assessment – it just needed to be more focused on what people were actually going to do with their learning.

In 2003, following some changes to the proposed scheme, PCNZ conducted a second pilot. This time people filled in a form similar to the one currently being used, but the pilot did not involve the outcome credit scale. At this point, the Council was still focusing on getting self-assessment right.

In the absence of the outcome credit scale, self-assessment was paper based and qualitative. PCNZ encouraged people to do their assessment with colleagues: “we thought that we might sign up a whole pharmacy and they could all help each other, saying ‘what does this standard mean to you? Do you really do it?’”

The scale was not a part of the 2003 pilot, but has become a mandatory requirement since then. Its development was a result of thinking about ways in which outcomes could be measured. The main aim of the scale was to make professionals actually think about what they had done with their learning, and relate it back to the mandate of public safety. The organisation wanted to get away from the ethos of the previous system, which had been to identify learning goals, and do them. There was no evaluation of how useful achieving those learning goals had been: “We wanted [members] to actually say, ‘OK, I've done that learning, now what has it actually meant for me as a [professional], and how has this improved my practice or allowed me to maintain my practice?’”
By introducing the final step of reflection, members who thought that they could just go along to a course, or who just did something that somebody else had told them to do, were now forced to reflect and think about what they had actually done and how their learning that was useful to them in their professional role. PCNZ is now in the process of the first audit. They have seen that many people stumble at the reflection phase, because they have not been able to justify how they have used their learning in practice.

Another objective was to give autonomy back to the members. There has been a lot of criticism that regulators would tell individuals what to learn, and what would be useful for them. “The outcome credit scale was something that the individual can apply to their own learning, and say, ‘OK, got my hand on my heart, this has had a significant impact’, or ‘this has had a minor impact’ or whatever.”

The role of the auditor (who is a peer) is then to say, “I think that looks right”, or “I'm not sure how this really relates, can you give me some evidence or tell me exactly what you mean by saying this had an impact on your practice?” The auditors focus on reflection, action and outcome, and there is a clear grid that they follow when auditing and make comments on those three steps. As a result of the pilot, the organisation decided not to assess the planning phase of the CPD cycle, although it is still mandatory that individuals complete a development plan. The Council decided not to assess planning: “We thought about what was important. With planning, a significant number of people had planned and then they hadn't been able to actually undertake the action that they had planned. And this was a concern for [members] in the early pilot.” The action phase of the cycle now encompasses planning, but it is not concentrated on in the audit.

One of the important elements in the audit is the new learning gained. Many members will have a level of understanding of the various topics that they have set as learning goals, and unless they have specified what is new, it is very difficult to assess: “It's one of those crucial areas that the auditors are looking at, for example, you'd expect more from [one professional] in terms of specialist knowledge … than you would from [another] who would be OK with a general level. We need to know, what's new about what you've learnt? How is it different from what you knew before, and how was that learning applied in practice?” It is important that members identify separately on the form, what they have learnt and how it has been implemented in practice.

The outcome assessment is the method of recording output at the outcome phase of the cycle, but during the other phases, the output required on the record is more straightforward – just statements or short paragraphs of reflection. Some of the records do not include sufficient detail, and in order to get over that, the guidance in this area needs to be more robust.

One problem that has been identified with giving guidance, however, was that “the help that has been given has been a bit too constructive in some areas and we are now seeing that in the audit. Some courses have been run with some pre-prepared sheets detailing what could be your reflection, and what could be your action, what could be your outcome, and people have just copied them.”

The auditors involved go through training, where they are provided with various examples and then asked to assess the learning – this makes them aware of various issues and also establishes some “form” of standards and therefore what sort of examples should be provided to members for guidance on what is expected.
There is also a chat group for auditors where they have the opportunity to present different scenarios to each other and to discuss the principles involved and how to apply these to the audit; for example, what sort of level would be required for an outcome level of 2, or what sort of evidence would be necessary in different situations.

PCNZ still has to work on setting standards. They are aware that a clear standard may not be evident from the first audit, and that will be something they reflect on when they get all the results in: “We tried to avoid being too didactic and telling [the auditors], ‘this is what you should be doing’ – we tried to open their minds up to the different issues and because they are peers of these [members] that they’re auditing, they are the ones setting the standards rather than us, but obviously we’re mindful of a minimum standard.” It has not been the Council’s policy to specify exactly what is sufficient for a 1, 2 or 3 – they have left it to the auditors to determine what they set as the levels.

So far there have been several instances of people not being able to provide the appropriate evidence to prove the credit when asked: “Certainly one of the main issues with outcomes is that people stipulate how they envisage the learning they are doing is affecting their practice. There will be general statements in there such as, ‘I am able to deal with queries regarding this medication’, rather than giving specific examples.” One of the reasons for this may be that they have not come round to the idea that they need to leave a sufficient amount of time between the learning and the self-assessment to allow for a significant impact on practice.

The outcome credit scale was initially presented to the advisory group in 2003 as a five point scale, but the group thought that a five point scale would be too complicated: “there would be even more shades of grey than there are with a three point scale.”

Because the first full audit was only just taking place at the time of interview, it was too early to comment on the overall success of the programme in its current form. One thing, however, has already become evident: “It would appear that around one half are asked to provide extra evidence – a lot more than we expected. That can tell us one of two things: that we weren’t clear about what we wanted or that people haven’t listened to what we said. I think it’s probably a combination of both.”

As a result of this, the auditing process is taking up more resources than anticipated, but the organisation is cautious that this could be attributed to the fact that this is the first time auditing is taking place, and the initial training of the auditors is taking a considerable amount of time. They had anticipated that each audit would take around 30 minutes, but at the moment, it is taking at least an hour. There are only six auditors doing this on top of their other jobs, some of whom are full time. PCNZ pays these auditors for their time. They expect however, that the second and third runs will be much more streamlined.

**C.7 Chartered Institute of Public Relations (CIPR)**

In the past, the Chartered Institute of Public Relations operated a points-based CPD scheme but later changed to an hours-based system in which members are required to undertake 30 hours of CPD over the course of 12 months. The decision to change from points to hours was driven by practicality. CIPR felt that the individual would more quickly be able to calculate the number of hours they had actually accrued over the course of the twelve months rather than having to go back and assess how many points equated to their activities and whether these activities were even relevant to
CPD in the first place: “…because if you go on an appropriate training course, then you can easily see that it is three hours long if that’s how long the course actually takes, and there is no need to get back to [the organisation] and actually check that it counts towards CPD and how much it counts for.”

The current scheme, which has been relatively stable for the past six years, is on the whole voluntary, but compulsory to certain areas of the membership. Members are provided with a guideline brochure which instructs them as to which activities constitute relevant CPD and which do not. They are then asked to fill out a one-page development plan and email it to the organisation. The plan details the activities they intend to pursue over the course of the 12 month period, what they want to achieve, what they want to learn, what they need to do to achieve this and how they are going to measure success. All of these criteria are subdivided into the four strands; culture and society, media and communications, organisations and relationships, and professional skills and development. Although the organisation does not allocate a set number of hours to each of these strands, they do require that members complete activities for all of these strands.

At the end of the cycle, members are then asked to complete and return the development record. Here they list which activities they have undertaken, how many hours these constituted, and what evidence can be provided to substantiate these claims. The development record also includes a category called ‘what did I achieve?’, where members are asked to reflect upon questions such as ‘how did I make a contribution to the industry?’ and ‘what did I learn and how has this increased my competency as a practitioner?’

The auditing process involves members providing the Institute with evidence of the activities which make up their 30 hours. This may include things such as course attendance certificates, material from training workshops or brief synopses of such events or books that they have read. The quality of members’ reflections and evidence are not measured; the Institute only assesses whether members have provided sufficient evidence to substantiate their claims. Therefore, although the organisation asks members to write a small paragraph reflecting on what they have learned from their CPD, they do not measure this output as their current scheme only actually measures input: “you can’t say if they’ve been staring out the windows at those particular courses but we can certainly say if they’ve been here.”

CIPR is currently undergoing an overhaul of their CPD by establishing an online scheme, estimated to be in operation by Easter 2008. Although the change was not prompted by any specific problems with the existing scheme, it was thought that requiring members to fill in a CPD plan with their learning objectives at the start of the 12 month cycle could prove rather impractical for some members. Allowing members to change their plans as their learning objectives changed throughout the year is very important to the organisation: “the new system will allow people to alter the plan as they go along … I’m reticent to use the word “plan” because it’s just more the kinds of things that they’d like to do over the next twelve months and as they start to achieve those things they can fill it in and if they go in a different area, then they can alter that over those twelve months, so that’s a difference as well.” Another area that would benefit from the new online scheme would be the provision of evidence, with members being able to upload evidence throughout the 12 months rather than just at the end: “I don’t think I’m a cynic, but I think people tend to wait until the end of the twelve months and [they forget their previously completed CPD activities] … in the new system they can say they went on this course, they can fill it in straight away and it’s all fresh in their mind, and they can more accurately capture the learning
objectives or development objectives and the evidence that they took from the course which I think is much better for people.”

Overall, CIPR’s CPD scheme is one that involves both inputs and outputs but only measures input in hours. Although members are asked to reflect upon what they have learned, the quality of these reflections is not assessed and the evidence they are asked to provide is only assessed in terms of the hours-requirement. However, although the CPD scheme is essentially input-based, it recognises the benefits of an output-based approach, especially in terms of developing learning objectives: “individuals with regards to input tend to look at an event first ... they won’t necessarily know [where] they want to go with their career. And so they are perhaps doing [the event] because it sounds interesting or even because a colleague has done it and it’s a good course. And they’ll do it and they might enjoy it, they might get a lot out of it, but they won’t necessarily know why.”

C.8 Case Study X

The initial CPD scheme for this organisation was based on a ten year old CPD scheme imported from a previous incarnation of the organisation. The old scheme was based on numbers: one CPD unit was roughly equivalent to one hour or study, with a notional target of 50 hours per year: “essentially it was just a point counting system, and input measuring system. The obvious downside of that is that you can just sleep at the back of the lecture hall and get CPD points”. Unfortunately, with this sort of system, the worth or the impact on the service that is provided cannot be measured.

When the UK Health Professions Council (HPC) was formed in 2001, it provided extensive guidelines and workshops to explain CPD to the regulated professions under its umbrella. However, the HPC approach to CPD has been described as: “a touchy-feely soft and fluffy brigade, with reflective practice only for those who were good at creative writing – they’d be brilliant at CPD because it really just allowed you to express nothing and make it sound like something. That was my cynical view on this; I thought it was absolute rubbish unless you were good at writing novels!” The HPC required there to be a reflective element to CPD, but not that it should be exclusively qualitative. If an organisation wanted to use points as well, they were free to do so.

In 2005 the organisation in this case study held a consultation asking if members would like to retain some sort of point system, or quantifiable element to CPD: “The members’ message came back loud and clear that [they] would like some form of numerical feedback”. The organisation decided to meet this demand by trying to develop a numeric system which represented a measurement of output.

Currently, the organisation has a standard points system where one hour of study is equivalent to one point, but in conjunction with this, they have an ‘effectiveness index’ which is a scale of values between 0 and 1 from which members rate the effectiveness of CPD for them as individuals, “with 0.5 being roughly what people consider pretty damn decent, 0.1 being a complete waste of time and 0.9 being ‘wow’.” A standard reference document is provided as guidance on how to attribute the appropriate value on the CPD index to a particular CPD activity. They also have a FAQ (frequently asked questions) document which attempts to pre-empt problems with regard to the index and use of the system as a whole. However, “one of the big misunderstandings, or abuses, of the scheme has been to give an effectiveness value of 0.9 or 1.0 for almost everything”.

134
When asked whether the index was intended to refer to effectiveness in the context of change in practice or knowledge, the answer was “either or both” – this is not specified clearly enough in the documentation, and, perhaps due to this lack of guidance, ‘effectiveness’ means different things for different people: “You can see what we’ve written in our documentation is very “woolly” and not well defined – we need advice about that”. The organisation would consider having different effectiveness indexes, and are tempted to fine tune the index accordingly. However, they are well aware of the benefits of keeping it simple.

In addition to the effectiveness index, which is really the ‘outcomes’ phase of the cycle, there is no reference to the other phases of the cycle, and nowhere for members to record output of these phases.

The organisation believes they need to improve their advice, and hope to offer workshops and online tutorials that assist people in progressing around the CPD cycle. They believe that they have not promoted the cycle properly and so people have not been made aware of the cycle or its benefits.

The organisation audits 20% of the membership each year, with the expectation that within a five year cycle, everyone will be audited. So far they have not applied any sanctions, but have instead offered advice to those who have not met the standards because they are simply not taking the scheme seriously, and are giving effectiveness values of 1.0 for everything.

There is an aspirational target of 15-20 points per year, but the organisation does not believe that members should necessarily be sanctioned if they do not meet this target: “The role of the auditors is not to act as the SAS, but rather to offer helpful advice … the only people that are fooled if the member doesn’t follow the rules is the member themselves.” The point scores are used as a tool to provide feedback to members so they can see how they are progressing – the value is not used for regulatory purposes.

The organisation now has an online system which can be accessed by auditors who can look at the records without the members having to submit anything. Previously, the process of submission was a problem with the auditing of paper records. The member will now know when their record has been audited, as there is an ‘audit stamp’, which is a little logo that appeared against each of the audited complete learning needs. When this logo is clicked, a separate panel appears containing the auditor’s comments, which are meant to provide encouraging and useful feedback. The auditors remain anonymous and are provided with training. At present, because the auditing process is new, there are only four or five auditors, who each spend around 30 minutes on each record.

In the future, as well as providing more documentation on the CPD cycle, the organisation hopes to improve their online facility to allow documentation to be uploaded. They are also going to implement a mentoring scheme where they will offer members the option for people to have up to three mentors at a time, and allow them to access their mentee’s CPD records online, which would facilitate mentoring at a distance. These new advances will cost the organisation approximately £25,000 and they will attempt to fund this through sponsorship rather than getting the members to pay for it. Not included in this cost is any payment to the auditors who currently work as volunteers, auditing out of office hours on top of their regular jobs. Each volunteer spends approximately three hours a week on auditing.
Due to an imminent legislative change, CPD will soon become compulsory for all members, which means a huge increase in the number of records, and hence resources needed for auditing.

Attitudes to CPD are changing: “I definitely see the benefits of output now, almost to the point where I wouldn’t be bothered if we scrapped points all together. So I’ve done an almost 180 degree turn around over the past couple of years, and now I see the importance of the ‘soft and fluffy’.” CPD now gives members a quantitative target to aim towards.

On members’ reactions:

“Some have taken it to like a duck to water … for other people the reflective practice is not intuitive or obvious, and they feel uncomfortable with it, but the moaning and groaning is getting less as time goes on … we’ve had a lot of positive feedback.”

“Some of the original documentation regarding reflective practice [was considered] complete nonsense, and I didn’t like it at all. It’s still open to abuse, and my criticism still stands that it’s great if you’re good at creative writing, but if you’re a hard-nosed scientist who is very clumsy with that particular skill … it would be less appropriate.”

For the younger generation, it is thought that this will not be a problem, as modern degree courses have reflective practice as an integral part of the studies. It is the members who qualified years ago, those who have never been trained in reflective practice, who are suspicious of it: “but it will get easier and better because they’re coming out of the BSc … and they hit the ground running with reflective practice – it’s a natural thing.”

The organisation’s representative offered this advice: “Within the health sector, there is no choice, due to the demands of regulatory bodies, that reflective practice be part of CPD. The question is whether the organisation wants to have exclusively reflective practice, or whether they want to include … some form of quantification … I think people like that, so I’d encourage organisations to do that, particularly if they’ve used numbers in the past, then you can convert to a clumsy form of output measurement.”

C.9 Association of Chartered Certified Accountants (ACCA)

There are three CPD routes at the Association of Certified Chartered Accountants.

a. The unit route, in which a member is required to complete 40 relevant units of CPD each year, where one unit is equal to one hour of development. 21 units must be verifiable. The other 19 can be non-verifiable.

b. The approved employer route, in which ACCA recognises employers who follow good practice for people development and meet the organisation’s criteria for approval. A focus upon competence and supporting individual learning and development is sought, as a result the organisation allows members to achieve their CPD through their employer’s development programme.

c. The IFAC body route, in which the organisation recognises that some members also belong to another IFAC accountancy body (the other body also having to comply with IES7) and may prefer to complete CPD through their other membership body’s programme, hence the member can follow just one CPD programme, rather than having to meet different requirements.

As part of a CPD reform, ACCA consulted its global membership in a member wide survey and workshops about how they would like to see CPD developed. The
feedback from the workshops indicated that members wanted to move away from measuring CPD by hours: “there’s always been this approach to CPD which was about how many hours you do, that sends people sulky almost”. However, the key message was that members wanted an international benchmark.

The Association has a flexible approach to participation, by offering three routes. However, members have largely selected to go down the ‘unit route’ – an input-based approach to CPD measurement. Because their members work all over the world, they are sometimes in positions where they have to follow the rules of the local regulator, and particularly in developing countries, regulators still demand a certain number of CPD hours. The consultation revealed that developing countries still very much rely on the concept of an input-based approach. Taking this into consideration, the organisation decided that at this point in time, it was essential that whatever output policies they implemented, they must also retain the input element, so that international members are able to comply with regulatory requirements. ACCA felt that it must continue to provide guidance and direction on input-based CPD. However, despite retaining one CPD route as input-based, the Association has encouraged a move from a mere points gathering exercise by requiring that any CPD undertaken is relevant to the individual’s role.

ACCA’s stance is that by insisting on relevance to one’s role and verifiable CPD, they are “getting over this form over substance issue”. By requiring that members must choose relevant CPD that has to be linked backed to their work, the organisation believes that they will move away from the traditional view of input-based schemes, that “you have x number of hours to do but you don’t really think about it, and at the end of the year you race to get your hours up, you attend things and just doze at the back or go into the corridor and make business calls.”

ACCA monitors a sample of members’ records to ensure that the CPD they are doing is in fact relevant. The monitoring provides feedback to the individual and provides ACCA with feedback on how they can strengthen their support to ensure that the issue of relevance really has been understood.

The Association – as a global body - is well aware that they have not adopted the same sort of approach as many UK-based professional bodies, and state that this is due to the fact that those organisations have more UK-based attitudes where they are more ready, and philosophically accepting of output approaches and a new system. Because growing numbers of ACCA’s members are outside of the UK, they have to consider the culture and circumstances of those countries, and mentioned even very developed countries such as Hong Kong, still have a very ‘rules-based’ approach to CPD.

ACCA’s system provides an online tool called the professional development matrix (PDM) which takes members through the process of looking at their role profile and identifying the competences that they need for their role.

An interesting feature of this PDM tool is that users are given an exercise about different ways of learning, and they are presented with some conclusions on their preferred learning style which is most effective for them before matching a suitable activity to their chosen competence. After this phase of the process, they develop a plan which involves prioritising elements of their job role which need attention, and addressing any emerging areas in their job role which are new to them. The next phase is to complete a development plan with targets, activities, predicted outcomes and output. Although the ‘unit route’ offered does not mandate different phases of a
CPD cycle, it does emphasise planning, activity and reflection through use of the PDM tool and in its communications.

For ACCA, the primary objective of CPD is job competence. “If they can't deliver in their role, then potentially there is a risk for the employing organisation and there's a risk for their clients if they can't carry out their role appropriately”. Personal development is considered to be important, but not as crucial in the same way as competence: “I think they go hand in hand, but job competence is critical”.

With competence as the main aim of CPD, the Association does not feel that it is appropriate to assess or measure this competence: “I don’t think that a member body is at all at rights to say whether an individual is competent or not”. ACCA feels that they would get no benefit from making such a judgement, and they suggest that peers, managers and clients are the ones who have immediate proximity to the individual member and are more at liberty to comment: “When their clients are saying they've (the member) made a mess of my finances, then the client is making a judgement on competence”.

The organisation also has an approved employer route, which they consider to be their output-based option for those who choose to go along that path. This option allows CPD to be provided through an approved employer, generally the employer provides for the member, evaluating their development needs, providing them with development opportunities and taking them through appraisal where their performance is reviewed on a regular basis. In this scenario, all development is focused on their job role and achievements.

ACCA sees its role not as judging competence, but as doing as much as possible to ensure that members understand the required competences for their role and that they work towards development and improved delivery. The organisation’s priority is to support its members through this.

ACCA is confident that its approach to CPD measurement is effective in the international climate, and this has been confirmed both by positive feedback from member satisfaction surveys, and from the high CPD return of 98% which they experienced in the first year of the programme.

C.10 The Institute of Information Technology Training (IITT)

The current CPD system at the Institute of IT Training was implemented in 2003, and the incentive was to switch from an input to an output-based scheme. After holding consultations with various people and boards within the body, IITT’s Skills Tracker was developed. A real driver for changing the scheme was that the Institute wanted to increase the visibility of the competency framework that they have in place. They had previously had all the material prepared, so it was simply a case of putting it online. By making the competency framework more visible, IITT can identify two main achievements: “One of the tenets of the Institute is that one of the biggest drawbacks of training is that people don’t know what they don’t know. You overcome that by making it very clear and visible what the competencies are.”

As an organisation, IITT feel that they cannot be too prescriptive about the exact roles that their members are actually doing, and to get around this, they have come up with an all-embracing competency framework where the individual chooses what elements are appropriate for their role. In addition to this, they have implemented a matrix behind the framework which involved developing a metrics scheme, which is
based on EasyJet: “If you go on [their website] and you try and book a flight, it is very open as to what the price is, and very closed as to how it calculates that price. We decided that was a good way of doing it; being very open, very in your face about what your metrics are, but be very closed about the way in which those metrics are calculated.”

The only way people could work out the system is by trial and error, putting in different scores. Each competence has a weight, and then members assess themselves along three dimensions: competence points, ability points, and experience points. All of these points are then multiplied by the weight of that particular competence. From this, a member builds up a profile of competence, ability and experience in each of their relevant areas.

The organisation has based the system on self-assessment, but the self-assessment alone is not sufficient proof that CPD has been carried out to the required standard – it has to be proved by either a course certificate or a ‘sign off’ from a manager or peer: “self-assessment isn’t the strongest mechanism in the world, but at the same time, if you put something different to what is real, then it’s about the equivalent of cheating at Patience [Solitaire]. It’s you that is the loser.”

The complex competency framework behind the programme contains around 400 competencies. Although this may seem excessive, it is due to a very high level of granularity and specification: “Is it too granular? I don’t believe it is, based on what we’re looking to do here is make the detail of that very visible and for people to be able to say, well I’m good here but I’m not actually that good there, but I know someone over there that is pretty good at it, so I’ll watch how they do it and learn from that. And that’s the sort of reaction we’re trying to develop through this.”

IITT does not believe that it is important to provide training to those who sign off members’ self-assessment. Most of the people doing this are already members: “they’re within the community rather than outside the community … I don’t think … our senior people [would be happy] if we bring that sort of thing in – they’d see it as an additional overhead without the value.”

The Institute uses clearly identifiable criteria for self-assessment; for example, ‘I do this all the time without support from others’. They believe that this measure makes the method ‘semi-objective’. By defining the criteria so well, IITT has developed an alternative to rigorous training of assessors, hence limiting the use of resources in this area: “One of the key things for us in bringing in this scheme was that it should be consensual and it should be one that people intuitively just buy into and say it makes sense. And therefore we’ve tried to create what we think is a practical, consensual approach that adds value rather than trying to force things.”

The weighting is driven by competence, and within that, there is a level of ‘competence’, ‘ability’ and ‘experience’ points which add up to give a total for each competence selected. There is no minimum requirement for points in order to maintain membership, but in order to progress up the membership levels, certain point requirements must be met and maintained. For example, an affiliate – the lowest level of membership – does not have any prerequisites, but to progress to be an associate, you would need a certain number of competence points. To go up from associate to senior associate, you would need ability points on top of competence points, and to go onto full member, you need experience points on top of competence and ability points. If anyone drops behind the required number of points for their current level of membership, they will be forced to drop down a level:
“I think the rationale behind it was that if they start to over-focus on how to try and manipulate the system to get the maximum number of points, it loses its value.”

The Institute has taken various steps to ensure that self-assessment is a valid method of assessment: “We’ve used it quite a lot through the Institute, and members generally quite like it. If you set it up the right way, I think that goal of saying that it is as effective as cheating at Patience [Solitaire] is a nice way of setting it and we certainly encourage senior members to roll it out to their people like that … This is not a test, this is just to see how you are doing, and see if that shows you some different areas that you think might be interesting. And all of a sudden, the whole thing becomes much less threatening and therefore it’s the sort of thing we can get people to buy into.”

The Skills Tracker revolves around competence and does not encompass personal and professional development – they stick to role specific skills. So far they have not had any demand to include it, so have not really considered the option of implementing it: “It does what it says on the tin to be honest. And if we started straying into other areas, it would be difficult to maintain.”

The main problem IITT has encountered is that people have not all been keeping up and maintaining their records on a regular basis. “We obviously encourage people to go back in there and maintain their skills as they go through. But there’s something like 30-40% of the membership that aren’t actually maintaining their records, and that’s saying they’re not seeing the value in maintaining it, and that’s quite disappointing. It says we have to change the approach a little bit.”

C.11 Institute of Chartered Accountants in Germany (ICAG)

Since 1993, the Institute of Chartered Accountants in Germany has had an input-based CPD scheme in place. Members must do an average of 40 hours per year, totalling 120 hours over a three year period. A representative described the scheme as a “simple directive that we put in place and that needs to be adhered to by all [members of the profession].” To ensure that members meet those requirements, the organisation has an inspection which “it’s not to be confused with a classical peer review, because it is monitored by an independent oversight board.” Different firms visit one another to do a routine audit, and part of this audit is to check up on CPD requirements. During such reviews, the first priority is not to inspect the CPD records of individual accountants or to check that they have complied. Instead, they test the audit engagements themselves and when they find there is a lack of knowledge, they investigate further. They also talk to individuals in the firm to get an idea of their professional knowledge. The last source of evidence is found by looking through invoices and attendance sheets. The system is focused on making sure that the firm has carried out its audits properly, and maintains a system to monitor CPD requirements. Even small firms in this country are required to carry out compulsory audits or peer reviews. Larger firms are expected to carry them out every three years, and smaller companies, every six years.

When talking to individuals during these audits, the first thing they are asked is if they are aware of the CPD policy: “Sometimes I get quite interesting answers such as ‘maybe’ or ‘I don’t know’. And other times if I am investigating further, just to check whether a person has really attended a course, I ask them about the content of the course. So then I just make sure for myself that it just hasn’t been a simple signature on a piece of paper, but that they’ve physically been there or attended an e-class.” It can be difficult to gauge whether the individual has learned from these CPD events: “you can’t really tie learning to a specific course at all times.”
The Institute requires that members keep a record of what they have done in terms of CPD hours, but it does not require that they keep any other sort of record of learning or reflection. However, larger firms tend to have a system in place which they use in the annual performance reviews of employees. Records of learning and progress are a standard part of such reviews.

The strictness of the requirements in this country tends to be dependent on the policies of individual companies, in contrast to more British type systems where it is more dependent on the individual's relationship with the member organisation. Because of this, the Institute is more concerned with the quality of the audits they are doing. They only act when there is a risk due to deterioration in the quality of audits. As a result of this method, it is only the auditing skills of the accountant which are "tested" – no other aspects of the professional role of a chartered accountant fall under CPD. Other types of accounting work do not have the same CPD requirements as auditing. The system is really focused on the auditing rather than the auditor.

ICAG has taken an interesting move, which opposes recent developments of many professional bodies. Instead of introducing a wider range of activities which can count towards CPD, they have limited it: "literature in any form does not count at all, because you can always say that you've read so many articles, but you can never really prove that. So we've taken out all the soft skills and the leadership skills – people tend to go there and then just assume that they are going to be granted CPD credits, which is of course wrong."

They would not consider asking for output evidence of such things in terms of a synopsis or other written document, as its validity could not be proved: "writing a synopsis can be done without even reading such things." They may however introduce testing at the end of e-learning modules. At another organisation, they have introduced a system where, at the end of each e-learning module, there is a knowledge test, and depending on how many correct answers you give, you get a score. If this score is over 80%, CPD points are granted. This is only feasible however, with sufficient resources. A representative questioned whether or not a similar system in a paper-based format would be viable: “I've never come across a company that does testing by means of a formal written test and actually marks those things.”

C.12 Institution of Civil Engineering Surveyors (ICES)

The Institution of Civil Engineering Surveyors used to run a completely input-based CPD scheme where members would record their activities in a booklet based on a system of points linked to hours. Members would be awarded half a point for an hours’ reading, a full point for attending a seminar or 2 points for giving an hours’ presentation.

About 6 years ago ICES reviewed the scheme and decided to change towards a system where the onus for planning and reflection was now placed on the member. The problem with the old scheme was that the organisation was finding that the mature and more senior members were not submitting their records. After conducting a survey of the mature members, the results showed many of them not to be attending courses and believing that they were instead learning as they went along: "We thought the system had to reflect the fact that CPD isn't just going on courses but is learning in lots of different ways so we thought if we put more flexibility in and ask people to think about what they've learned first, and then think about how they
learned about it second, and then whether it was of any use, we would get these older members involved and we’d get all kinds of learning.”

Although the organisation’s current CPD is voluntary, they prefer to give the impression that it is mandatory so as to increase the uptake. As with other professional bodies, the number of records returned is not 100%, but they usually get a return of “about half”.

The current scheme operates a CPD cycle that encompasses planning, learning, implementing and evaluating the outcome. The scheme works by first filling out a CPD Plan where the member lays out all of their development goals, and what activities they can undertake to achieve these goals, sets a deadline for these activities, and also details how they believe that they will be able to measure whether a development goal has been achieved successfully or not. Although the CPD Plan is not a mandatory document, the ICES prefers members to submit the form. The second document that completes the CPD cycle is the CPD Record. Here the member notes the development activity they undertook, where and when it was undertaken, and how long it took. The CPD Record also includes a reflective element where the member evaluates the learning process itself. If the member has gone on a course, they write such things as whether it was of any use, and if it was of a high quality and therefore of use.

Although the CPD Records do include a reflective element, the organisation does not measure the output: “If someone has taken the trouble to evaluate their own learning, it is pretty hard to then evaluate their evaluation as it were, so we will pass them if we think basically they’ve sat down and thought this is what they want to achieve … we’re interested whether they’ve taken it seriously and whether they’ve thought it through.”

The Institute usually audits a sample of around 100 CPD records. When they find that a member either has not taken the scheme seriously or fulfilled their objectives, they write back to them and give them suggestions and comments: “we see it as a learning process rather than a pass or a fail, so we’re trying to help them improve their records and improve their learning so we can feedback in that sense, but we’re not marking them.” The ICES feels that this approach helps because it is usually the fear of members receiving a ‘black mark’ that leads to them not returning their forms in the first place. Usually, about 5%-10% of the sample will receive such a letter.

Currently the Institute is not planning to measure by output; this may change in the future. There is a feeling among the organisation’s education committee that the onus on the individual may be too strong and that members “don’t quite know what to do.” Other professional bodies have tried to simplify the process by asking for a questionnaire to be filled out instead of asking for records. “We thought they were quite useful, they were quite simple and it’s a way of getting members to reply and tell us what they’re doing.” This is why they may incorporate questionnaires into their CPD scheme and have put this proposal to the committee. If the decision came to proceed with questionnaires, they would ask whether the member had planned their CPD, how much of it was preparatory CPD as opposed to development that was forced upon them by changing instrumentation and technologies, and how they went about it. If the proposal passes through the committee, the ICES would be looking to implement it straight away in the New Year.

A good example of where the Institute’s scheme can become confusing to the member is in the CPD Plan. When asking members how they will measure a successful outcome, the organisation only provides a very basic set of guidelines. A
positive change could be made by introducing more user-friendly questions and answers. It is again here that other bodies have made their processes a lot simpler: “we’re selling the concept of CPD [whereas they are] selling ‘this is good for you and your career and will help you develop’ and I think ours stems from a more academic sort of view – ‘this is what counts and this is what you can do.’ Even talking about the CPD cycle, it sounds very academic and people switch off really.”

The ICES currently does not specifically test competences through their CPD scheme and although they may move in this direction, there is resistance: “I think that’s probably taking it a bit too far, it’s like retaking your driving test every year so I don’t think we’ll quite do that. As a professional body we are trying to say well we’ve measured your competence, have you kept that up to date? So that is at the core of it.” The main problem in taking this approach comes when members do not return their CPD records: “if they don’t send the records back, do we then classify them as no longer being competent? I think it puts too much weight on it.” This problem stems from the voluntary nature of the CPD scheme. A move to competence-based testing would be feasible if CPD was to be made compulsory, although it would probably prove difficult and problematic, even if it were beneficial in the long run: “We’d like to have the thing absolutely watertight and 100% returns, and the whole competency issue sorted and what have you, and we’re working with that in mind but I think it’s going to be a while before we get there. But I think everyone’s in that position. Everyone tells me that off the record, that’s the long term goal but no-one’s actually doing that.”

Even though the scheme is undergoing a review and possible development, the current scheme is effective: “I think it’s an extremely helpful scheme, because it takes you through the cycle and because it makes you think about it.” The problems tend to arise from the members who do not take part in the CPD scheme: “The ones that are not doing it, it’s ineffective for them. I think if you’re doing it, it’s very good for you.” Not only do people see themselves as being too busy, but many prefer the previous input-based format where the member simply wrote down every CPD activity they undertook in a booklet and included their points. “They didn’t have to think about it. But what I think is happening now is that they think ‘ooh there’s a learning cycle and I’ve got to think about it and I’ve got to evaluate it and it’s too much like hard work’ … it goes against the grain in some ways.”

The ICES has received positive feedback from a survey about the tick-box style questionnaires being introduced: “If you ask people to think too much about their learning I think you go into that grey area that they don’t like very much, you’ve got to keep it very specific and very short.”

C.13 College of Pharmacists of British Columbia (CPBC)

The College of Pharmacists of British Columbia connects patients and pharmacists and protects public health by licensing and regulating pharmacists and their workplaces. They are responsible for making sure every pharmacist is fully qualified and able to provide the public with competent care.

The CPBC CPD history is fragmented; they have been working towards a quality assurance programme for about thirty years, and are now hesitantly moving towards a continuing education credit system, which requires members to hand in written reports in order to renew their licence – a “process review”.

The old CPD process gave members several options, including an examination, group discussions and compiling a portfolio, but the criteria were considered too
unspecific, which made assessment very difficult. Monitoring the results also proved problematic. The overseeing board suspended that programme until 2000.

The new system is focused on looking at the benefits to members, and looking at gathering evidence to assure the College of competency.

As part of this new system, members must first develop three Desired Practice Outcomes (DPOs) over an eighteen month period as part of the planning process. These are submitted to the College so that they can be approved, and so that appropriate feedback can be given to help registrants revise or develop their objectives before proceeding.

Following approval of DPOs, registrants have the choice to take a Knowledge Assessment (KA) (a multiple choice open book exam) or complete a learning and practice portfolio for their CPD.

The portfolio provides a user-friendly format, helping registrants to plan, implement and evaluate CPD by linking it to practice. For the outcome assessment phase of the cycle, members self-assess by completing an Evaluative Narrative Statement in which they must describe if and how they met their DPO and how what has been learnt has impacted on practice. There are clear and specific criteria directly linked to the assessment criteria which must be addressed in order to complete the statement to the required standard. Registrants are also required to submit at least two pieces of evidence to verify achievements stated in the evaluative narrative statement, at least one piece of which must be 'direct' evidence, i.e. actual work produced by the individual. There are clear criteria for what counts as evidence, and to confirm that it is valid, authentic and current.

For registrants who are unsuccessful in the first instance, the second phase of the process involves the choice between a practice audit over a several hour period; or a structured practical exam (OSCE), a series of stations involving professional tasks frequently performed by pharmacists; or to repeat the KA or portfolio. Cost has restricted the CPBC to only offering two options in the first phase; with 2000 pharmacists to assess every three years, the cost of running practice audits for even a quarter of that number would be logistically and financially problematic. Auditors are paid income replacement for the work they do for CPBC. Therefore the CPBC requires a phase two registrant to contribute $500 towards the cost of the audit.

The practice audit uses the framework of professional practice to evaluate the practitioner on the five roles in the CPBC framework. This is a limited option, as the College cannot audit those members who are not in a patient care role. Similarly, the portfolio option is restricted to those practitioners in patient care. This means that pharmacists not in a direct patient care role do not have the full choice available. However, this would be relatively easy to change in the future; practitioners could be asked to prove competency in any of the other roles.

The practice portfolios must be screened before the assessment to ascertain that they have been filled in correctly. A team of twenty assessors spend a week going through the portfolios, using standard setting and benchmark exercises to develop criteria and award points based on these criteria. The assessors also consider the portfolios holistically in an attempt to modulate the scores.

Assessment is complicated by the fact that the scoring system used for assessment was developed first; it is too simplistic to assess practitioners on whether they met, didn’t meet or partially met criteria, and it is difficult for the assessors to set the same
standard across the board. To combat this problem, the College put into place four team leaders, each responsible for five assessors, whose job it is to weed out discrepancies.

A problem felt by the College is that in order for registrants to be aware of what is expected, and what they should be aiming for, this scoring system should be made available to registrants before they begin working on their portfolio. They do provide examples in order to demonstrate how the standards can be met, but feel the next phase should be for the scoring system to be made entirely transparent.

The College published resources and examples after the first round in order to demonstrate how to meet the standards. The CPBC is keen to show its members that CPD is not necessarily about what work they do, it is more about how they do it – the thought processes involved in progression through the CPD cycle. It was difficult for the College to get the message across that concrete results in practice were not necessary in order to demonstrate that CPD had been completed successfully: CPD output does not necessarily have to be at the outcomes phase of the cycle specifically.

Although the College feels that the portfolio option is much more beneficial for the development of individuals, there is a strikingly low uptake compared with the traditional KA option, which does not involve progression through the whole CPD cycle – it only measures knowledge outcomes (200 compared with 1600). The College has received numerous questions and comments regarding registrants not understanding the portfolio criteria, and even after the development of resources and examples, the situation has not improved.

In the previous round, the College found that around the deadline for portfolio submission, around one third of those who had initially signed up for the portfolio option switched to the KA option. The main reason for this appeared to be that individuals had got behind with their portfolio: “It did sound like they hadn’t done any work on it, and that two or three months would not be sufficient time to do it”.

CPBC has identified that if a plan is sound, then the rest of the process is more structured, and therefore easier. “We felt that in the portfolios with strong DPOs, it carried on through the rest of the portfolio. It’s when everything is kind of wishy-washy, when individuals don’t know why exactly they are doing something, they couldn’t verbalise what they hoped to see, or how they would apply their new knowledge, that everything fell apart when it came to their Evaluative Narrative Statement [outcome measurement]”. This is the reason why the College requires early submission of DPOs, so people know they are on the right track and can be encouraged by that.

A survey revealed that people were spending between 20-100 hours on the portfolio option, and 5-90 on the KA option. The way the questions were structured did not reveal how much of the portfolio time was spent on work individuals would have been doing anyway. What was interesting from these results was that despite the fact that people chose the KA because of ‘ease, familiarity, convenience, time…’, they actually spent a lot of time preparing.

People do seem to prefer the KA option for whatever reason, and a few years ago, a previous portfolio system was suspended because of a high level of criticism from certain registrants. The new system is more directed and structured in an attempt to address the problems with the previous one, but it is still proving quite unpopular.
Some individuals seem to have a general problem with the portfolio approach, and the CPD cycle in principle, and are unwilling to see the obvious benefits it provides. The current system is due to be reviewed and its future seems uncertain. This is unfortunate, as within the international community, the CPBC portfolio option is looked on as a forward thinking and pioneering model.

C.14 Case Study Y

The organisation in this case study certifies practitioners within the medical sector in the USA, and covers around one third of all of those concerned with its area of specialisation in the country.

The programme being examined is not specifically a CPD scheme, although participation contributes towards CPD credit. The organisation runs a recertification scheme which occurs every ten years. Although this is very infrequent in the context of CPD, a great deal can be learnt from the breadth and diversity of assessment and measurement techniques implemented by the organisation.

Certification is an assessment process undertaken by registrants who elect special recognition for expertise in a particular area of practice. After initial qualification and licensing, certification goes over and above what is required in the registrant's general training.

The aim of recertification is to evaluate applicants in practice. It acts as a measure of quality for an individual practitioner, supporting provider recognition and pay for performance programmes. The focus is on practice improvement once an individual is in the job – something which is not currently part of their initial training in the US.

The recertification process takes place every ten years and currently comprises four elements:

1. Valid license
2. Lifelong learning and self-assessment
3. Knowledge exam
4. Practice performance assessment

The knowledge exam has been part of the certification process since the establishment of the organisation. This test remains a part of the initial certification, and is tailored for each recertification. The exam is a closed book multiple choice test where practitioners are asked questions based on practical simulations which primarily test the ability to process complex data, to use knowledge appropriately, and to demonstrate sound judgement: not just recall knowledge. The specific subject matter of the test is designed by the organisation's experts and chosen by the applicant based on their specialty area, their training and their desire for board certification in a particular medical subspecialty, and it is either passed or failed – beyond this a certain level of competency does not have to be demonstrated.

Part two is a consistent requirement to ensure that registrants are regularly participating in self-assessment of their state of knowledge so that lifelong learning can proceed efficiently and effectively. This requirement consists of periodic completion of rigorously developed self-assessment instruments, which stimulate evaluation of current knowledge, identification of knowledge gaps, review of literature, primary and secondary source material in areas where self-assessment suggests weakness, and verification through successful answers to questions which demonstrate that essential knowledge has been acquired.
Part four, practice performance assessment, is the most recent development in the recertification requirements, and the organisation was the first amongst similar bodies to implement this phase in 2006.

The organisation has developed Practice Improvement Modules (PIMs) as part of the practice performance assessment. PIMs are primarily web-based products which enable applicants to assess their practice. The PIM collects data from three sources: practice system assessment, a patient survey and a medical chart audit. By applying algorithms to this information, the PIM calculates performance rates for each individual for their measure of care, their patient sample and the services delivered by the practice. A performance report is produced for reflection, providing an easily understandable overview of the practice – a sample of what the patient sample looks like demographically and medically, and to some extent how well they are meeting national guidelines for patient care. This is novel for practitioners who are unaccustomed to reflecting upon their practice as a whole, within the dimensions of public health.

Following this, registrants have to demonstrate what they have learnt: they have to choose an area for improvement based on the data, and then they report back to the organisation.

An interesting aspect of the PIM is the use of patient medical records to produce statistics of the performance of a particular practice, and indeed, a particular practitioner. As part of the PIM, each practitioner must pull data from medical records to produce a patient chart comprised of various salient clinical measures. This type of exercise enables practitioners to look at their population of service users as a sample, rather than a collection of individuals. By looking at the figures in this way it gives them the opportunity to reflect on their performance from a public health perspective, in the context of national standards and public interest and expectations.

This system is in need of refining. At present, practitioners may well be able to see how their practice scores in the context of public health and national guidelines, but there are no national performance standards for every specialty at an individual practitioner level, and no current requirement that they meet or even get closer to these standards in order to be recertified. The processed data is simply presented to members with which they ultimately can do what they want. However, the idea is that the applicant uses the data to reflect on their practice in the context of public health and plan improvements where they feel necessary.

Through this initiative, the organisation is trying to address the current forces nationally, towards transparency, accountability and public reporting.

“People are looking to the [the organisation] to say we need to develop standards that can demonstrate that an individual [practitioner] is of a certain quality”.

The organisation, with the help of other relevant bodies, has to establish some minimum standards which all practitioners must achieve consistently if they wish to be certified. Once these standards have been established, the next step for the recertification system is to develop personalisation of the system, taking into account the strengths and weaknesses of a registrant in the relevant context determined by their specific patient mix. They then wish to link these identified weaknesses to learning opportunities in order to make it easier to address them. Ultimately this would give the organisation the ammunition to continuously measure performance along
these parameters, before and after learning activities, enabling them to see if the learning made a tangible difference in reality.

Another interesting feature of the PIM system is the innovative use of patient and peer surveys to assess practice performance. Surveys are distributed by doctors to a selection of patients and peers. The service users can respond to the survey via phone or internet to give input about the service at an individual level. There are several problems with this method, for example some patients cannot easily access the internet, and may have trouble with touch-tone phone options; surveys are often incomplete; the survey needs to be translated into more languages, and these translations should be more readily available. Another drawback is that the practitioner can select which patients he or she gives the surveys to, hence controlling the type of feedback to some extent.

Getting feedback from patients is however a valuable source of evidence for assessment and it tackles the issue of outside pressures such as public accountability.

Peer assessment is lower on the agenda, but there is a survey that goes out to ten of the registrant’s peers (emulating a 360 degree review). However it was indicated that there was an interest amongst practitioners in peer feedback – especially as distinct from feedback they give themselves in the form of routine self-assessment, which is held in low regard by other practitioners.

The patient and peer surveys are only a component of some of the PIM options, meaning that a registrant can go through the recertification process without being assessed by peers or service users if they so wish. The organisation sees the advantages to making such external assessment compulsory, but needed to keep the recertification process viable for all practitioners, including those involved in research for example, who may not have direct contact with patients and who therefore would not be able to complete a module involving patient surveys.

The PIM system has taken ten years to develop and to date has cost the board over $100,000. A great deal of time was spent with the committee to try to establish standards – the political negotiations surrounding the implementation of PIMs used up more time than the setting up of the PIM process itself.

The effort in negotiations required represents the resistance there was within the community to implement such a scheme. Practitioners are already required to complete large amounts of paperwork in order to satisfy regulations and many feel that they simply do not have the time to dedicate to self-assessment and performance reflection. In addition, practitioners feel as if their autonomy is being limited. They resent the idea that someone is questioning their competence and having to demonstrate this competence. But this is something to which they must adjust in a society of growing accountability and public distrust.

Currently, the ethos surrounding this assessment system is voluntary and designed to self-correct deficiency rather than assuring standards of excellence. The organisation is working towards establishing standards from which to benchmark in a move towards the latter way of thinking. Once such standards are established, the organisation hopes to give a landscape of each physician, indicating their strengths and weaknesses to help identify areas for improvement.

The organisation is endeavouring to balance their initial goals when the PIMs were first developed – to set standards of excellence, to promote registrant’s self-
assessment and accountability within the profession – with the need to respond to wider trends and outside pressures that call them to play a role in defining worker quality, for the benefit of the wider public.

The combination of assessment techniques is a great asset to this recertification scheme, addressing different types of learning with the appropriate type of assessment. The biggest drawback of the scheme at present is the lack of nationally agreed practitioner-level standards: currently there is no set standard for the PIMs which registrants must meet in order to be recertified, and the development of standards for this purpose is a work in progress.

**C.15 Institute of Certified Public Accountants of Singapore (ICPAS)**

The CPD scheme at ICPAS is input-based and has been running since 1995. It is mandatory for the full members of the organisation and voluntary for provisional members, although it is strongly encouraged.

The scheme itself is split into structured (formal learning such as courses) and unstructured (i.e. reading) CPD. To complete the scheme, practising members are required to achieve 40 hours of CPD per year and non-practising member are required to achieve 60 hours over the duration of 3 years.

The Institute provides guidance for both the structured and unstructured learning. It also organises conferences, seminars, discussion groups, in conjunction with other professional bodies, trade associations and academic institutions. There is also an e-learning platform for their members whereby there is a self assessment feature during the various phases of the modules, but this was not the case with all other regular courses. Instead of assessment, members obtain a certificate of completion. However, members have to complete a course evaluation form at the end of a course.

**C.16 Institute of Certified Public Accountants of Kenya (ICPAK)**

The current CPD scheme at ICPAK has been mandatory for ten years and requires that members complete 25 hours of structured and 15 hours of unstructured CPD activity per year, which is averaged over a three year period. Structured CPD is classroom-style learning activities, and unstructured CPD is activities such as independent reading or research.

Members are required to fill in a CPD record at the end of each year, stating the seminars attended which count towards the 25 hours of structured activity. If the learning activity is set up by the Institute, there is no need to produce evidence of attendance, participation or output, as attendance is logged automatically. If the activity is externally organised, some sort of evidence of attendance is required of the member, such as a certificate.

In the case of the unstructured CPD activity, the Institute requires that the learning must be relevant to the job role, but do not require any evidence that the activity has in fact been undertaken. However members must submit a return stating what they did for the unstructured CPD activity.

ICPAK sends reminders to members to enhance compliance. The majority of the members do complete CPD, but there is a slight issue with them completing it on
time. If however a member were not to comply, they lose the good standing status. Potential employers, other professional institutes etc seek confirmation from ICPAK about whether a member is in good standing. Those found not to be in good standing get unfavourable referee letters from the Institute.

This is a standard input-based CPD measurement system, but the organisation is very keen to learn about output-based measures. At present, they are exploring ways of running a combination approach of both input and output-based.
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