

Chapter 1: Introduction

This Introduction contains five parts. The first explains the title and goals of the thesis. The second presents the foundations of the thesis by defining terms and noting the features of Continuing Professional Education. The third part explains the writer's role and perspectives in relation to the field and the fourth part outlines the research process used. The final part reveals the structure of the thesis.

The title and goals of the thesis

The research of the thesis is concerned with a field of educational provision, Continuing Professional Education (CPE). The location is Australia but CPE is a global phenomenon.

Two terms in the second part of the title, 'tale' and 'missed opportunities' require explanation. The thesis is not a 'history' of this educational field, although it is presented in a chronological order. The presentation is described as a 'tale'. That assumes, as with history, starting from the beginning and proceeding to its present and possible future. The choice of the term 'tale' does not imply that parts the story are fictitious for the content is substantiated with evidence and references. The choice of the term 'tale' is designed to reflect that there are as many versions of this story as there are professions with each profession having its own version. This thesis tale offers a representation of these individual stories. In the chapters that follow, evidence is presented to demonstrate how a particular CPE problem or project was interpreted and actioned by several professions in different ways. The tale related is the generalised account of more than hundreds of separate stories of CPE's origins and development in individual Australian professions.

There is justification for selecting this generalised tale-based presentation. The story of the origins and emergence of CPE in one, two or three professions may have been chosen. However, these individual stories may not represent the whole story and may require additional material on the different experiences of other professions. The decision made has been to select common issues, events and policy areas regarding CPE on which to comment for all professions, thus providing a broad picture and structure of responses across all professions. The topics were common: the responses often varied.

The nature of CPE also influenced the choice of telling the generalised tale. It was, and remains, different from other forms of educational provision and these differences are

evident in its origins and development, how it has been offered and managed and finally how it has related to, or been ignored by, governments and other educational sectors.

There may be hundreds of different schools but that does not prevent the writing of a history for that school system. But that final term 'system' contains a key element in the differences between school education and CPE. Acts of Parliament, Departmental Rules and Regulations and comparable teacher training programs are integral to the 'school system'. In CPE the professions made their own rules in what was in contrast to school education a 'policy free environment'.

Another justification for choosing a non-historical approach has been the relationship of the writer to the field. I am not an historian, never planned to write a 'history of CPE' and did not deliberately collect 'historical material' for such a work. I tell the tale now because it has not been told and because CPE's immediate future may depend on an appreciation of its generalised past.

So the thesis is a tale, that is a generalised account of the varied stories in individual professions about a 'new' type of educational provision operating in different ways from other educational sectors, told by an observer with varying relationships with, and perspectives of, CPE.

There is also the term 'missed opportunities'. It was used originally as a heading for notes written early in the research to describe the relationship between early CPE and other educational areas, adult, continuing and community education, from the 1960s to the 1990s. But as the three 'policy' areas (Chapters 4 to 7 and 9) were explored, other situations in which CPE's development may have been but was not enhanced, were observed. So the term was adopted to identify policies, documents and events that may have been supportive of CPE's development if some action or different decisions had been taken.

The thesis has four primary goals. The first is to provide the first account of the emergence and development of CPE across the professions in Australia. A second goal is that the agency dominant in CPE's development, the professional association, may choose to examine their profession's CPE in the light of this generalised tale and also acknowledge the value of considering CPE as a cross-professions' phenomenon, rather than a single profession-specific activity. The third goal is that the governments. educational policy

makers, the academic community and the community at large may recognise CPE as a legitimate of educational provision.

Further goals are based on the assumption that those involved with CPE may learn from past experiences and avoid continuing to suffer from 'missed opportunities'. As a consequence, professional associations and other CPE providers may take the Commonwealth Government's decision to register health-related professions as a 'new opportunity' for a national, cross-professional focus on CPE. The final chapter will argue that CPE should not be limited to the narrow view of its mandatory format in registration regimes but as a major area within professional education and vocational education and training. There are no guarantees that the scenario described will eventuate. However the argument is that this 'national opportunity' offered by national professional registration is unlike earlier missed chances to have CPE recognised and developed. Therefore, one hoped-for outcome will be that CPE policy will be developed nationally and that this policy will reflect the broad contribution CPE has made, and will continue to make, to the practice of professionals. Examples of potentially new policies and practice for CPE will be offered.

There may be additional goals achieved as a result of the first account of CPE's development across the professions. There may be more interest in CPE from academics, training providers and those involved in professional and vocational education and even those concerned with educational statistics. As the global impact on CPE has become more important in this century, there may be increased attention to the ways in which global influences have impacted and are impacting on national policy and practice. A focus on CPE implies attention to professional practice and the context in which professionals operate. Beck and Young have argued that there is a 'restructuring not merely of the external conditions of academic and professional practice but even more fundamentally of the core elements of academic and professional identity" (2005, p. 184). This CPE study is presented in a context in which constant and consistent challenges are facing the professions.

Focusing on CPE's emergence as a cross-professional field of educational provision draws attention to factors that have contributed to its lack of recognition as a legitimate educational sector. Some of these factors are noted in discussing below CPE's special features.

The foundations of the research are now presented and key terms defined.

To this point in the discussion, CPE has been the only acronym used. There are many acronyms in the tale of CPE. As a reference, a list of acronyms used is located above after the Table of Contents.

Defining the terms

Six key terms are defined: profession, continuing professional education, continuing professional development, professional education, continuing education and professional practice.

Defining 'profession' has been contentious, frequently focusing on whether an occupation is or is not accepted as a profession, ie an inclusion/exclusion issue. A major question in the twentieth century Australia was whether individual occupations were accepted as professions and in the 1960s school teachers were concerned about their status. Goodman (1960) used the phrase 'Will-o-the-wisp' to stress the deluding and furtive aspects of the process of school teachers achieving professional status.

One method of defining professions, and therefore including or excluding groups, was to list professions' characteristics. Many lists were developed, eg. by Carr-Saunders and Wilson (1933) and Schein (1972). Representative of these lists was one developed by the American Association of Professors of Higher Education with its seven characteristics:

1. A recognised body of intellectual theory constantly expanded by research
2. An intellectual technique
3. A close-knit association of members with a high quality of communication between them
4. A period of long training
5. A series of standards and an enforced statement of ethic
6. Applications to the practical affairs of man
7. Active influence on public policy in its field (1975, p. 5).

The problem of this approach was a lack of agreement about the number and nature of the characteristics. Millerson (1964, p. 5) noted that 25 writers on professions' characteristics developed 23 different lists. In these lists, some terms generally included were university training, the scientific basis for this training, applying this knowledge for clients, a code of ethics and a professional association with responsibility for the profession's and practitioners' standards.

While it is necessary to discuss professions as a whole, there is the reminder from Carr-Saunders and Wilson that 'every profession lives in a world of its own' (1933, p. iii). Their observation was evident in this CPE research.

Whatever their characteristics, professions are occupations. Using this label and the study's Australian location as a base, the definition of professions adopted is from the *Australian Standard Classification of Occupations (ASCO)*. This system, linked to the international system, the *International Standard Classification of Occupations (ISCO)* (International Labour Organisation 1987), was developed initially in 1987 and revised in 1996. *Australian and New Zealand Classification of Occupations (ANZCO), First Edition* (2006) is more recent but is not used as its categories of professionals differ from those of ASCO and these latter categories were used in research reported in the thesis.

There are two important differences between the definitions of a profession by ASCO and those from lists of characteristics. The first is that ASCO covers all occupations. As a result, comparisons may be made between professions and other occupational groups, eg managers. The second difference is that the ASCO distinction between various occupations is based on two aspects of skill, the skill level and skill specialisation (ASCO, 1996, pp. 6-7). These are measurable criteria, compared with the lists of often difficult to define and measure characteristics. In Chapter 4, a contrast is argued between these skills and knowledge in defining professional practice.

ASCO introduced the section on professionals: "Professionals perform analytical, conceptual and creative tasks through the application of theoretical knowledge and experience in the fields of science, engineering, business and information, health, education, social welfare and the arts" (1996, p. 103). ASCO continues with a statement about the skill

level associated with a bachelor degree or equivalent and then examines in detail the nature of the 'tasks' noted above in particular situations.

The following information is sourced from the Second Edition of ASCO (1996, p. 24). ASCO locates professions as one of nine 'major groups' of occupations, the first three of which are: 1. Managers and Administrators, 2. Professionals, 3. Associate Professionals. The Professions are the second major group. The professional 'exclusiveness' of earlier decades may have diminished.

The major group, Professionals, is divided into five 'sub-major groups': 21. Science, Building and Engineering; 22. Business and Information; 23. Health; 24. Education; 25. Social, Arts and Miscellaneous. Each of these sub-major groups is further divided into from two to four groups. In ASCO, there is no rating of professions in importance, with no higher status given to traditional professions such as medicine or law. The minor groups of Professionals in ASCO 1987 are listed in Figure 1, Chapter 4.

Labour force data from the Australian Bureau of Statistics (ABS) are based on ASCO categories.

Table 1: Percentages of professionals in the Australian workforce, 1987-2010

In 1987 professionals numbered 867,500 of a workforce of 7,159,900.	12.10%
In 1996 professionals numbered 1,149,500 of a workforce of 8,332,800.	13.80%
In 2000 professionals numbered 1,364,300 of a workforce of 8,990,300.	15.20%
In 2004 professionals numbered 1,465,700 of a workforce of 9,564,300.	15.30%
In 2008 professionals numbered 1,741,400 of a workforce of 10,843,200.	16.10%
In 2010 professionals numbered 1,833,600 of a workforce of 11,208,300.	16.40%

Source: *Labour force*, ABS.

These data indicate that professionals are a significant occupational group. Between 1987 and 2010, the number of professionals more than doubled and the percentage of professionals in the workforce increased from 12.1 to 16.4%. In 1987 1 in 8 of the workforce was a professional whereas in 2010 the level had increased to almost 1 in 6. In his recent study of the United Kingdom, Friedman noted 3.4 million professionals in 2009 representing 12% of the labour force (2012, . 34).

Table 2: Percentages of professionals who were employees, 1990-2002

In February 1990, 8,714 of a total of 9,725 professionals	89.60%
In May 1996, 10,495 of a total of 11,784 professionals	88.40%
In February 1998, 13,152 of a total of 14,848 professionals	88.60%
In May 2000, 14,875 of a total of 16,454 professionals	90.40%
In February 2002, 15,177 of a total of 16454 professionals	89.90%

Source: *Labour force*, ABS.

In the period covered, almost 9 out of 10 professionals were employees of the state, private corporations or other professionals.

So this CPE is directed to a large and increasing group of persons within the Australian workforce, the vast majority of whom are employees.

ASCO also indicates that there are in the lists in the 1997 ASCO professional major, sub-major and minor groups, 97 occupations (excluding occupations listed under the 'other' category). This number of sub-major groups highlights the diversity of the professions.

The accepted definitions of 'profession' and related terms are those developed by the Australian government and linked to an international system. The focus for this research is a particular group of occupations, identified and recognised as professions, a numerically significant group within Australia's labour force. Individual members of an occupation defined as a profession are called professionals.

The second key term is 'Continuing Professional Education' (CPE), in general use since the 1970s (Brennan 1990, p. 2). Other terms such as 'in-service', 'refresher', 'post-graduate' or just 'continuing education' were also used in that period. Since professionals have a first degree, CPE is certainly 'post-graduate education' but this term has generally been applied to formal 'credit' education ie for a diploma or master-level degree. The word 'continuing' came to be linked in many professions with the title of the profession, producing terms such as Continuing Legal, Medical and Veterinary Education (CLE, CME, CVE). These titles reflect the profession-specific nature of CPE. The terms 'in-service' and 'refresher' lost popularity in the 1970s as CPE became accepted.

The following definition is proposed: 'Continuing professional education includes any purposeful, systematic and sustained effort conducted by professionals after the entry-level education to update or expand the proficiency, knowledge, skills or attitudes necessary to effectively discharge their occupational roles' (Scanlan 1980, p. 55). The definition is American and old but chosen because it reflects CPE in Australia in its early years. It is broad and inclusive and places the responsibility for CPE on the practitioner. It may require change to reflect the contemporary situation.

Another term gained popularity in the 1990s and 2000s, 'Continuing Professional Development' (CPD). It became associated with a wider range of 'services', especially from professional associations, to assist members in their professional life and practice. These services included information on 'job vacancies' (in Australia and overseas), assistance on employment-related issues, information on job related travel, and a range of health and fitness activities plus schemes related to insurance or finance. Many of these activities are 'job-related' but on a broader framework than the educational activities of traditional CPE. In 2013, I accept the use of CPD.

But Continuing Professional Education (CPE) is initially the term used in this study. It is older and generally covers the field from its origins to 2013. A more important reason is that the emphasis in this study is on the 'educational' programs of this form of provision – seminars and lectures, distance and net-based presentations rather than job vacancies or assistance with employment contracts. The focus is education, planned programs from a specific provider. The adoption of CPD as the key term is noted in Chapter 9.

An important assumption in the thesis is that CPE is an area of educational provision, an assumption that has not been held or recognised widely.

The fourth term requiring definition is 'professional education', which I have defined as a three stage process focusing on persons 'becoming and remaining' a professional (Brennan 1996, p. 74). The first stage is the university entry-level degree for the profession. Jarvis called this stage 'professional basic education' (1983, p. 17), as it was primarily a foundation.

However as graduates experienced problems performing the tasks and responsibilities of their practice, individual professions developed policies and programs to assist graduates

move into practice and gain full practice rights. This second stage was described as induction, internship or probation. The degree of emphasis and requirements for inductees in this stage has varied from profession to profession. In general, professional associations gradually acknowledged the importance of this stage in the final decades of the twentieth century (Brennan 2003a). For some professions, eg law and pharmacy, this stage replaced an earlier apprenticeship system (Haines 1976, p. 280 for pharmacy; Bennett 1984, p. 201 for solicitors). Establishing this second stage was not a simple exercise. Nelson's research revealed the requirement for the coverage of 23 content areas and nine essential skills for proposed practical legal training for the 1990s (Nelson 1988, pp. 161-173).

When professionals gain their full practice rights, they enter the third stage which is usually the longest, lasting until the practitioner ceases to practise. This is *CPE's stage*. The first two stages are concerned with 'becoming' a practitioner, this third stage is focused on 'remaining' a practitioner. I have and continue to support the integrated nature of these stages of professional education. Similar advocacy has been proposed by others at other times in other places, eg Knox in the USA but he used the term 'the continuum of professional education and practice' (2000, pp. 13-22). This advocacy has not always been successful.

Professional education has developed and is frequently presented from the perspective of individual professions, as with pharmacy and law above. In this study the emphasis is on professional education as a cross-professional concept and as a field of educational provision. In his study of professional education, Jarvis (1983) focused on the field as 'educational provision', using the concepts and tools of education in his study. Both CPE and professional education are areas of educational provision, best perceived in this thesis as cross-professional activities.

The fifth term 'continuing education' has caused confusion. It came to be used in the 1970s in national government documents to refer to the 'adult education' offered by universities, an example symptomatic of the fashion of changing terminology. Universities offered, and were encouraged to offer, continuing education, eg in Commonwealth Tertiary Education Commission (CTEC) documents (eg CTEC Report 1978). It was unfortunate that the universities' offering of continuing education and CPE became a focal point in an argument between universities and the national government about funding (Brennan 1988), a problem examined in Chapter 3.

'Practice' is a significant term for the professions as it refers to professionals' work, covering *what* they do and *where* they do it (Brennan 1999, p. 52). As noted in Scanlan's definition, CPE is associated with the third stage of professional education and concerned with a professional's practice. CPE is supposed to serve and service the professionals' practice, a simple relationship. However, in the period of CPE's development professional practice has not been appropriately or adequately understood or described. There were the concepts of applying scientific principles noted above or performing to an adequate level in identified competencies noted in Chapter 6 but these were considered inadequate explanations of practice. The problem remains. Questions relating to professional practice and competencies are noted in Chapter 6 and explaining professional practice in Chapter 10. A limitation on CPE in its development has been a lack of a soundly based, comprehensive view of professional practice. Nevertheless, there is general consensus across the professions over the definition of 'practice'.

In summary, this study is focused on a significant occupational group, the professions, and a special form of educational provision for this group, continuing professional education (CPE). CPE is linked to professional practice and the third stage of professional education.

Features of CPE

This section highlights selected features of CPE. It is accepted that a problem for CPE is that it is not 'officially' or 'formally' recognised as a field of education. CPE is not identified in the official Commonwealth document, *Australian Standard Classification of Education (ASCED)* (ABS 2001). Nevertheless in order to identify the features of CPE in relating the tale of its origins and development, it is assumed that CPE is a recognised area of educational provision. CPE then may be compared and contrasted with other accepted sectors such as adult, continuing and vocational education. Examining selected features of CPE, assuming it is an educational sector, may reveal omissions in some areas that may have been expected and also incidents and activities in which CPE differs considerably from other sectors. These omissions have some parallels with 'missed opportunities'.

A comprehensive explanation of CPE's features at this point in the thesis is difficult because few details of CPE have been revealed. However, some features need to be identified early in the thesis to provide background to issues that are raised in early chapters. The discussion

deals with features that may be described as 'negative' and these are followed by features that are 'distinctive' to CPE.

For example, to the question: 'Who offers school education?', the answer is 'schools' and then various types of schools are identified. But to the question 'Who offers CPE?', the answer may be 'everyone' or 'anyone'. Licences are needed generally to become an educational provider, but not historically for CPE. To questions of the content of school education, the answer is a series of subject areas, but for CPE the answer could be 'everything' and 'anything'. For CPE there is no national curriculum: there is no curriculum. The answer to questions about who provides these other fields of education is usually simple: schools or universities. For CPE the range of providers is diverse: professional associations, commercial educational organisations, manufacturers of technical equipment or suppliers of products as well as employers and employer organisations, trade unions, universities and even government departments. Some of these organisations may exist solely to provide CPE but the majority are CPE providers as one part of their overall business strategy. CPE is different from other accepted areas of educational provision.

A negative feature for CPE is the lack of data. Noted above were ABS figures on the number of professionals, easily available through ABS publications. However, data on other aspects of CPE are not available. For policy development in other educational sectors, regular and accurate data are necessary, and available.

This data problem is illustrated in ABS publications, eg *Education and Training Experience (Australia 2005, 6278.0)* and *Work Related Training (Year Book Australia, 2003 1301.0)*. CPE may have been expected to be included in both exercises as it was both 'education and training' and 'work related'. However CPE-related data cannot be identified in these publications. In *Education and Training Experience*, three types of 'study' are specified: schooling, study leading to a non-school qualification and study not leading to a qualification. CPE may be covered by the last two types but identifying the professionals within the data collected was not possible. In *Work Related Training*, 'costs' are measured. Comparability between the ABS data and CPE regarding costs is also limited because of the nature of CPE costs. There are *direct* CPE costs such as the course fee but then there are also *indirect* costs for replacing a practitioner on CPE, eg through a locum, or the practitioner's travel costs to and from the CPE event. The ABS data note that 30% of 11.2 million work

related training courses were undertaken by those involved in management and the professions. That level of data has no value for those planning CPE, except for being able to claim (to what end) that there were nearly 4 million work related training courses for professionals (and managers). The characteristics of CPE are lost in generalised data covering 16-69 year olds working within the ASCO range of occupations.

There is also no specific recognition of CPE in higher education data collection, though universities have a traditional involvement in professional education and CPE, as award courses or non-credit programs. There is no sub-sector of the data-collection in higher education for CPE.

What then is the option for CPE regarding data on which to develop planning? Crude data based on the number of professionals required to do 100 hours of CPE in a year at X dollars per hour may be generated but have no credibility. How is a sector of educational provision to be recognised if data on areas of its operations such as costs are based on unsubstantiated assumptions? Discussions with the ABS (P. Greenaway, personal communication, 31/08/2008) and the National Centre for Vocational Education Research (NCVER) (H. Guthrie, personal communication 02/08/2008) have acknowledged that CPE data collection is not an easy task. There was no suggestion in these discussions of action to overcome these difficulties. Nevertheless the Vocational Education and Training (VET) system is very complex with many providers and a variety of programs and yet the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS), a 'nationally consistent standard for the collection and analysis of VET information throughout Australia', (Department of Education and Training 2008) does not service CPE provision.

The data collection problem for CPE has multiple implications. Without data, questions cannot be adequately answered and therefore policy development is limited: without policy parameters to assist in data collection, assumptions on which the data are collected and conclusions drawn are unlikely to be appropriate so the data collection operation may be criticised and the veracity of conclusions questioned. An unfortunate feature of CPE is that it is a 'data-free' area of educational provision. This thesis contains no reference to CPE data collected by government agencies.

There has never been an enquiry or major study of CPE across the professions at the

national or state/territory level. CPE therefore missed the intense spotlight that the call for submissions, wide consultation and follow-up that may be associated with such activities. There was the 1980s suggestion for a national enquiry, but there was no enquiry into CPE as a cross-professional area of educational provision but several 'discipline reviews' (discussed in Chapter 3).

CPE was however mentioned in reports/reviews of individual professions at the national and state/territory levels, eg in Productivity Commission reports on architecture (See Chapter 9). But there was no national or state/territory legislation focused specifically on CPE as educational provision. There was very limited recognition of CPE in the reviews in the states/territories of the 1990s of legislation on professional re-registration. There were at the state/territory level, offices responsible for 'registering' some professions to practise in that state/territory. This legislation, these offices and their minimal reference to CPE are noted in Chapter 9.

CPE also existed without an office or secretariat linked to the educational bureaucracy, or some other department, at national or state/territory level with overall responsibility for CPE.

A feature of developing CPE was that there were no clearly defined boundaries or relationships with other educational sectors. So a separate CPE or CPE clearly identified within another sector, adult education or vocational education, did not eventuate. This issue is examined in Chapter 3 but examples are noted here.

Adult and vocational education were relevant because CPE participants were adults and CPE was vocational. The early professions developed from the religious life and were considered not just as 'jobs' but 'vocations'. However, CPE did not become a major 'interest' for vocational education researchers and the professions' involvement with competencies did not result in an ongoing and close association with vocational education.

The lack of recognition of CPE as a key area of provision in adult education and more recently adult education and training is evident in publications. Tennant's 1991 edited volume on *Adult and continuing education in Australia* omitted CPE though TAFE, trade union education, basic education, the University of the Third Age, rural education and

evening colleges received attention. In 1995, there was the first of a series of volumes edited by Foley (1995) on adult education and training. CPE was both adult education and training but did not feature in the four parts into which the volume was divided, even the part headed Workplace Learning. In the second edition (2000), CPE was again omitted even in a chapter devoted to competencies. In a third volume edited by Foley (2004) CPE was marginally recognised within a new chapter entitled The New Professional and Vocational Education which focused on the concept of competencies which were apparently CPE's sole link to adult education and training.

One possible reason for the lack of a national CPE enquiry was the absence of a support base for the field from professional associations or CPE providers. The fact that CPE was perceived as an operation focused on individual professions was not likely to provide cross-professional support from providers or practitioners. Many CPE providers were in fact competing with one another for students.

In terms of support as an educational field, in contrast to other areas, CPE appears to have lacked the involvement of the academic community. There has never been an Australian Chair in CPE. The University of Melbourne sought in 2003 to establish a Chair in Continuing Professional Education. According to Professor Patrick Griffin, they 'have not proceeded with the Chair' (Griffin personal communications 05/07 and 04/08/2007). Applicants confused the terminology interpreting the title as focusing on school teachers' professional development. Academic appointments were limited to profession-specific CPE and being just part of the academic's role, eg Associate Professor Jennifer Marriott in pharmacy at Monash University, noted CPD as a 'research interest' on her university home page (Marriott 2010). From my own research, I conclude that academic research related to CPE has tended to be focused on a single profession and therefore academic CPE journals relate to specific professions, eg *Journal of professional legal education* and *Journal of continuing education in nursing* and journals focused on 'education' in a profession tend to concentrate on the first two stages of professional education, not the third stage and CPE, eg *European journal of engineering education* and *Accounting education: An international journal*.

The evidence appears to have demonstrated that CPE has been different from other educational sectors and has not been favoured with support provided to other sectors nor has

CPE been adopted by these other sectors. It is also clear that governments, national or state/territory, did not and do not have CPE as an agenda item and certainly not a priority.

Are there insights into CPE's special features by exploring other key stake holders? Since according to Table 2 above, 9 out of 10 professionals are employees, employers may have come to see themselves as having a key stake in CPE. On occasions noted in later chapters, it was suggested that employers had a financial stake in their professionals' CPE but that was never seriously considered, except in the Training Guarantee (Chapter 6). It was not until professionals' clients were re-badged as consumers that this group became interested in CPE, as part of what is noted below as the impact of the 'free market' on professional practice. Organisations offering CPE, from universities to private providers and suppliers of technology, equipment or pharmaceuticals, may have been assumed to be major stake holders but they relied on the CPE's free market operations. Professions and practitioners were interested but their attention was focused through their professional association, ie as a single profession activity. These stakeholders did not display an ongoing interest in CPE across the professions.

One very important and distinctive feature of CPE as it emerged in Australia was the role of the professional associations, noted in the defining of 'profession'. They became the key stake holder. They are referred to as 'associations' but have used various titles: Society, Institute, Institution and College. Their titles have also changed over time, as The Australian Association of Occupational Therapists became OT Australia and The Institution of Engineers, Australia changed to Engineers Australia. In fact the central role of these associations not only as CPE providers but as the key policy making agency marks CPE as different from other educational sectors. In other forms of educational provision, membership-based, non-government organisations did not have a major role in policy making and management. As demonstrated in the following chapters, from the first CPE events to the current nationally instigated registration programs for select health professions, the professional associations have become **the major stake holder** in Australian CPE. These professional associations have had **the major role** in CPE's development. The individual stories of the associations for engineers and occupational therapists plus those for medical practitioners, lawyers, accountants and other professions as policy-makers and providers are combined to relate the overall 'tale' of Australian CPE.

While the associations have not focused on recording their profession's CPE story, they have placed a high priority on their history and that of their association. Examples of the histories of individual professions and associations are recognised. Engineers have been prolific in writing about their profession, eg. Corbett (1973) and Lloyd (1991). In Corbett's 'select' publications list, he noted over 40 references by and/or about the profession, its members and their work. That part of the pharmacy profession's practice known as 'community pharmacy' has been recorded in Haines' history of pharmacy in NSW from 1788-1976 (1976). Veterinarians through the Australian Veterinary Association (AVA) have an historical society and the history of the profession, its major groups and eminent members has been produced in publications entitled 'Eminent Australian Veterinarians' and 'Milestones' (Australian Veterinary Association 2010). Though a comparatively 'young' profession, computing has been well served in its history of the profession and association by Bennett, Broomham, Murton, Percy, & Rutledge (1994). Occupational therapy used the occasion of the 40th anniversary of its professional association to launch a history of the profession (Anderson & Bell 1988), while the Royal College of Nursing Australia (RCNA) published its history, (Smith R. 1999) on its 50th birthday.

Is CPE too recent or perhaps insufficiently important to be included? On the other hand, different approaches to researching and reporting CPE may be required. There are traditional volumes on the legal profession, such as J.M. Bennett (1984) on solicitors in New South Wales, but J. Faine's work offered a different perspective. He interviewed thirty leading legal practitioners across jurisdictions initially for radio and then the interviews were published (1992). His research was focused on the 'people' end of the historical dimension and stressed personal and individual features of legal practice. In his introduction, Faine noted that the interviews revealed not only the physical surrounds but the ethics, methodology and culture of the practice of law, how both the *where* and the *what* operated at the day to day level. T. Ryan interviewed educators who had become a 'Fellow' of the Australian College of Education (now the Australian College of Educators). These interviews, stressing the profession's practice, formed the basis for the National Oral History Project, available through their website (Ryan 1994). As CPE became part of professional practice, research focused on practitioners may provide a means of revealing its development.

Researching a history of individual professions' CPE may be a useful means of checking the veracity of this tale.

But there is a further question proposed to individual professions. Is there an historical perspective that a profession may bring to the discussion of a contemporary topic such as CPE? The point of view adopted in this discussion is that an appropriate use of history may illuminate the present by indicating how the past has influenced the present, how the present is different from the past and why, and what may be learnt from this process with implications for the present and the future? Exploring CPE's emergence in a profession would not be perceived as an end in itself but as a means to a greater appreciation of CPE, past, present and future. The 'missed opportunities' identified below may provide a basis for examining current, potential opportunities.

But from the writer's observation the major 'dragon on the road' to CPE's recognition as a field of educational provision and an unfortunate key feature of CPE during its development has been that the professions and their associations have not considered CPE as a **general** field of educational provision. Rather it has been treated as a profession-specific activity. Like CME, CLE or CVE, CPE has developed as a single profession-focused concern. Each profession's policy and program, developed by its association, was not part of a larger whole but the individual profession's own response and plan of action. I reached this conclusion in the 1990s after many frustrating discussions about CPE in professional associations. Perhaps this perception could only be expected from an educator.

The single profession mentality was also evident in CPE research in two examples. In publications of a profession's CPE research, bibliographical references to works on the profession's own CPE and general CPE or adult education may be expected but reference to published CPE research in another profession was usually conspicuous by its absence. In the proceedings of a CPE Conference in Auckland (Beddoe and Jesson 2006), a paper on design professionals' CPE cited 8 references 5 were on design and 3 were general references and in a paper on police CPE of 32 references only 1 was not related to the police. The two papers made no reference to the CPE of another profession and that was typical of the papers at the conference. In the second example, I developed an instrument called REFPRO for practitioners to examine their practice and CPE needs. Workshops were planned to demonstrate the instrument but the series was abandoned after the first workshop at Coffs Harbour in 1995. When workshop participants began to explain how *REFPRO* was applied to their profession's practice, the other workshop members 'switched off'. In the workshop

evaluation they claimed there was no value to be gained from listening to the instrument's application to other professions' practice.

The single profession focus has remained deeply entrenched within professions and this narrow focus has probably contributed to CPE's lack of recognition as a field of educational provision.

That is the field in which the research was conducted, a rather different kind of educational provision. The choice of the methodology adopted for relating the tale of CPE's emergence in Australia was influenced by these special features. A second influence was the writer's relationship with, and contribution to, the field.

The point should also be made that there has been no formal attempt to report the origins and development of CPE in Australia. That situation may be surprising. However, it was only in 2012 that Freidman has published the first story of what he called CPD in the United Kingdom (2012).

The roles and perspectives of the writer

Reference to my impressions and observations in paragraphs above give an indication of my role in the research. My role and the process used to develop the research have been determined largely by my long experience with, and experiences of, CPE. There are four key factors that identify my perspective on the emergence of CPE. The first is that I have been actually engaged in the activities associated with the development of CPE, especially since the mid 1980s. That involvement has not been as a practitioner within a professional association or as a manager of a CPE provider, ie. as an insider. Rather my involvement has been as a researcher, adviser, consultant and visitor, ie. as an outsider. I believe however that I became a 'welcome visitor'. The second factor is that I have perceived this emerging CPE against the background of my experience of other forms of educational provision, eg. higher, adult, continuing, community and technical/vocational. I view CPE consistently as part of this larger landscape, from its origins to the present day. As a result, what became evident were areas in these other types of provision with which CPE appeared to share common goals and for which there were potential links in policy and organisational terms. This perspective is illustrated in Chapter 3. The second factor contributed to the third. As has been noted, professions tended to be very independent and their CPE was considered as an

internal affair and therefore of limited interest to other professions. However I constantly brought a cross-professional approach to CPE arguing it was part of professional education, and associated with other educational fields. I argued for this approach among the professions, but with limited success. Notwithstanding that failure, my approach to CPE provided a different perspective from that of the majority of professions and associations' personnel and CPE providers with whom I worked. This wider perspective allowed me to offer a point of view that was informed by a broader series of policies and circumstances. This perspective was particularly helpful in appreciating some issues for the professions' personnel, such as the importance of 'evidence' and 'risk' in MCPE and the ways in which learning was actually associated with practice as well as CPE. Finally, my early contacts about CPE focused on practitioners, There was the rural GP mentioned in Chapter 2 and the Queensland physiotherapists who preferred face-to-face CPE than CPE via audio cassette because of the 'social factor'. The importance of the practitioner is also reflected in the choice of Scanlan's definition of CPE and my interviewing of the old practitioners. Having recently read Friedman's book (2012) on CPD in the United Kingdom, I realised the difference between my perspective of CPE based on the assumption CPE was legitimate educational provision and founded by the individual practitioner and that of Friedman. He chose to focus on CPE as the concept defined differently by various stakeholders. Both perspectives may produce useful outcomes. These four factors become clearer as the tale is told.

I was associated with the field from the mid 1980s and made some small contribution to its development. However, my most important CPE contacts were those with the professional associations. This involvement operated in different ways, sometimes directly with an individual profession or indirectly with several through a conference, submission to an enquiry or publication. A research project may have involved several associations, while consultancies were usually with one association on a single topic. Many useful contacts were made in the office of the association CEO or over coffee with the association staff. The diversity of these contacts over a long period is provided in Appendix 1. That information is based on my diary records, correspondence and copies of emails, not formal University of New England records.

I have had some level of involvement with the professional associations for medical practitioners (GPs and specialists), chiropractors, dental surgeons, dietitians, nurses,

psychologists, counsellors and genetic counsellors, optometrists, pharmacists, social workers, physiotherapists, occupational therapists, speech pathologists, audiologists, sonographers and sonologists, university, school and TAFE teachers, adult educators, adult literacy teachers, engineers, surveyors, metallurgists, architects, landscape architects, IT professionals, agriculturists, veterinarians, accountants, solicitors, valuers, actuaries, interpreters, archivists, museum professionals and librarians.

In a number of areas in CPE's tale, such as the associations' views on MCPE and competencies, their dealings with universities over the first degree and competencies and their understanding of the attitudes of practitioners to soft skills and ethics-focused CPE, informal contacts with association staff and practitioners provided important insights.

Because of my background, the long period of contact with persons involved with CPE, the breadth of material covered, the nature of the records I hold and the lack of extensive academic literature on the field in Australia, and because I was not an historian, the relating of the 'tale' was the method adopted for reporting the project.

However, I checked histories of the allied field of adult education in Australia and Great Britain and particularly by writers with clearly different approaches to history, eg. Boughton, B. (1999), Fieldhouse, R. with Associates (1996), Thompson J. (1983) and Whitelock, D. (1974). My conclusions are supported by Welton (1993). The first is that the past is a 'repository of learning potential' (1993, p. 143) and 'that the struggle over the meanings of the past is tied to the kind of world we want to build tomorrow' (1993, p. 146). We can learn from CPE's story and I trust that CPE post 2010 will take opportunities offered.

The research process used

Comment is now made on the resources used in the research. The research has been heavily reliant on documents. There are the writer's publications and papers on the field and related areas of provision. In addition, there are the data from two national surveys and numerous consultancies with professions, particularly through their associations. Then there are the documents produced on CPE in the individual professions and their associations. The web sites of professional associations became important sources of CPE information as their relevance for prospective and existing members increased. Another source of information was the limited but important research that has been carried out on CPE in general or in

specific professions, from accounting to the law and medicine. There were also the theses of my own students and those of students whose theses I examined. Then there were many documents generated by the Commonwealth Government and its departments and other bodies in relation to the professions, higher education, vocational education and data from the Australian Bureau of Statistics. These documents range from the ongoing work of agencies such as the Productivity and Trade Practices Commissions to the reports of enquiries, such as the series of 'discipline reviews' and the documentation, especially legislation, relating to the registration of professions in the states/territories and more recently nationally.

CPE is a global phenomenon. As a result, there were the research and publications from other nations, particularly the USA (eg. organisations linked to Standards and Evaluation) and the UK (eg. Professional Associations Research Network). In recent years there was also material from international agencies focused on a single profession, eg the International Federation of Accountants (IFAC).

In describing the later years in CPE's emergence, the internet has become a major source not only for material from governments and organisations but also for academic papers. The professions and their CPE have also been an interest for the media and newspapers particularly as a source of information and opinion and they were accessed for news and opinions. Although my formal correspondence from the UNE (my employer) to professional associations was not available for reference, there were personal notes (eg in diaries) and comments on documents and some personal correspondence retained by me.

The various Chapters required emphasis on different research methods. Chapter 2 focused on traditional historical research in many professions plus the interviewing of four older practitioners, while Chapter 3 was primarily a document search supplemented, where possible, by contacts with those involved in that period. Chapters 4 and 6 made use of two relevant national surveys I conducted plus researching the activities of several professional associations and checking with writers from that period. Chapter 8 on 6 problem areas covered the broad range of influences on the professions and their practice. A key focus in Chapter 9 was legislation, recent and from earlier decades, associated with the registration of professions. Chapter 10 ranges across six vastly different issues, covered by a wide range of documentary material. In the final chapter, the task was to bring the strands together and

explore possible futures, and taking rather than missing opportunities.

The thesis recounts the tale of the emergence and development of Continuing Professional Education, a field of educational provision in Australia. It is the generalised tale of separate histories of CPE in many Australian professions. CPE is a different form of educational provision and its special features have been presented. Also noted has been my role in, and relationship with, the field.

The structure of the thesis

The origins of CPE are traced in Chapter 2. CPE did not start with national or state legislation. It grew from practitioners' learning in and from their practice to a field of educational provision. The first recognised CPE activities are noted and three examples of early programs and providers from three professions are described. The acceptance of the limitations of the first degree indicated some recognition of the potential of CPE. Finally, tentative conclusions are offered about features of this emerging educational field.

Chapter 3 seeks to achieve three objectives. It examines developments in other sectors – adult, continuing, higher, community, vocational education and training – at the national and state levels from the 1970s into the first decade of the current century. This examination provides background to CPE's development over this period, described in the following Chapters. The second objective is to demonstrate how in the areas of provision discussed there were many 'missed opportunities' for CPE to be recognised and incorporated into a broader policy and planning arena. The third objective is to observe the degree to which these 'missed opportunities' were detrimental in CPE's emergence.

CPE's development is then examined through three policy areas in five of the next six chapters. Having proposed CPE as an area of educational provision, 'policy' developed in this area is presented. Also these areas reveal, in contrast with Chapter 3, significant developments of the field, contrasting its missed opportunities. The areas also indicate three developmental stages of CPE, though they did not occur in all professions at the same time, though roughly in the same sequence. The policy areas are: practitioners' participation in CPE, the role of competencies in professional education (and thus CPE) and the regulation of professions.

Chapter 4 begins the story of the first stage, how CPE became Mandatory CPE (MCPE). The reasons for the acceptance of the mandatory option are explained. Attention is also devoted to the context in which these developments took place and the uses for which MCPE has been adopted over three decades. In contrast to the previous Chapter that focused on government-initiated policy, the professional associations were responsible for CPE policies and their implementation. The major role of the Chapter 5 is to illustrate how MCPE was developed and refined by the professional associations.

Chapter 6 covers the nature and acceptance by the associations of 'competencies'. Competencies were initiated by the Commonwealth Government for professional associations initially to deal with persons trained overseas who desired to practise in Australia. Then Chapter 7 discusses the uses of competencies beyond their initial target across professional education.

There is a shift of emphasis as Chapter 8 explores the changes that were occurring in six areas in the context in which professional education operates, namely consumer protection, competition in the professional market place, dealing with risk, the global dimension, a new type of compliance and the ideological context.

Chapter 9 explains the third policy area on regulation/registration from the ineffective state-based scheme to a new national system for select health professions. The implications of that development and possibilities for veterinarians and the legal profession are discussed.

In Chapters 10 and 11 other areas related to CPE and its development are noted - six themes, two problem areas and the popular picture of CPE.

Finally Chapter 12 explores opportunities for the newly created bi-modal CPD from the story of CPE's development and the new national system of professional registration. The expectation is that these opportunities will be accepted.

The importance of recognising CPD as a field of vocational education provision as well as a cross-professional concept and an integral part of professional education are stressed. There is also the challenge to research and disseminate the story of the profession's CPE/D to its members.

However, in contrast with its emergence, the advent of national registration may in fact provide the structure for the beginning of a new phase in its development that is quite different from the earlier stages in its emergence.

Chapter 2: The origins and early development of CPE

Introduction and outline

The approach taken to researching CPE's origins was influenced by two factors: that CPE was different from other types of educational provision and its origins had not been extensively researched. The target chosen for this research was the professional practitioner. The lead was taken from Scanlan's definition that noted that CPE was 'any purposeful, systematic and sustained effort conducted by professionals ... to update or expand the proficiency, knowledge, skills or attitudes necessary to effectively discharge their occupational roles' (1980, p. 55). So the initial focus was on the efforts made by individual practitioners who sought to 'keep up to date'. The practitioners interviewed identified a pattern of learning behaviour that began with individuals' personal actions and developed into a comprehensive program of activities provided in an educational format. From individual practitioner activities, a new form of educational provision emerged called Continuing Professional Education. Having described this process, the first CPE events in individual professions are identified in the 1960s and three types of CPE programs that began in the late 1950s and early 1960s are presented. Next a key determinant in CPE's acceptance as a legitimate form of educational provision and part of professional education is explained in the 1980s, the acceptance of the limitations of the first degree for ensuring practitioners' ongoing performance. Finally, conclusions and tentative perceptions of this new form of educational provision are offered. CPE's early development has been arbitrarily set as concluding in the mid 1980s for two reasons. The issue of the first degree's 'value' was being resolved and policy on practitioners' CPE participation was becoming an issue – the focus of Chapter 4. The approach adopted may encourage research on practitioners' efforts during the twentieth century to 'keep up to date', to locate professions' first identified CPE events and explore the history of CPE programs and providers.

The origin of CPE

There was no legislation or announcement by a government minister that CPE was to start on a specified date. So there is no definitive date for CPE's origin. Dates proposed by the professions suggest the 1950s and 1960s.

The search for origins commenced with CPE's purpose and the individual practitioner.

A traditional assumption about professionals was that it was the responsibility of the individual practitioner to 'keep up to date' in their profession's practice. This assumption was not always enunciated in the lists of the professions' characteristics, eg. Schein (1972) noted in Chapter 1, but it was stressed by Scanlan (1980). However, in traditional professions such as the law and medicine, there was a generally accepted tradition that individual practitioners would update themselves with changes in the law and its interpretation for the law professional and in procedures, techniques and pharmacology for the medical practitioner. Part of the mythology of traditional professions was that individual practitioners would take time - before or after a consultation for example - to read the latest journals or bulletins related to their practice. My contacts with 'new professions', such as IT and allied health professions, suggest they were willing to accept this traditional feature of being a professional.

In 1974 I arranged to meet a medical practitioner in a country town to discuss a proposed adult education activity for the community. The meeting was delayed because he had received an unplanned visit from the representative of a pharmaceutical company and the practitioner wanted to check on certain features of new medications and gain print information on them. The doctor assured me that the information gained from the 'rep' was very important to his practice.

This incident was an example of what I defined as a 'practitioner initiated learning activity' related to 'keeping up to date'. Many methods were used to achieve this goal. When faced with a new legal problem or an unusual or uncommon medical diagnosis, the practitioner may have contacted a peer or colleague face to face, by phone or mail for their advice or checked a relevant reference. Other resources used in these situations by doctors were senior practitioners from the university departments or hospitals in which they had trained.

However in addition on an irregular basis, the professional associations, universities responsible for initial training in the profession and commercial (private enterprise) organisations also organised activities to assist the practitioners' 'keeping up to date'. The private enterprise organisations included manufacturers or distributors of pharmaceuticals or equipment, or book, journal or magazine publishers. These companies made contact with the individual practitioner through a travelling representative as in the medical example above or by directories, advertisements in the professional association journal or other information

through the mail. Whatever was the motivation of those who arranged these activities, they were educational, with a provider and the goal of teaching and challenging the attending practitioners. These goals may have also been part of wider objectives concerned with promoting products or for the professional associations raising the standards of the profession. Whatever their purposes, they became part of a general program to assist practitioners maintain, or improve, their efficiency in their practices.

From my observations, I assumed that not all practitioners engaged in these activities. There was evidence to support this assumption in the lack of full participation in organised CPE when it was offered. In addition, the level of engagement varied from profession to profession and from practitioner to practitioner within a single profession. The evidence for these conclusions at this stage of CPE's development is presented in Chapter 4 when the issue of the level of participation by practitioners in CPE became an issue. This type of provided education gradually become widespread and was supported. However, the appearance of this activity has not been extensively documented, eg. in the 1950s and 1960s.

I decided to explore this gap in my knowledge, ie of the ways in which practitioners in the period from before World War II to the 1970s sought to 'keep up to date'. To this end, I interviewed four retired professionals and discussed with them how they learned their practice as novices at the time from the 1940s to 1960s when there was little or no organised CPE (Brennan 1998, pp. 6-9). Two of the practitioners were originally interviewed individually for an audio tape for a Module on CPE for UNE - Northern Rivers (Brennan 1991c). They were interviewed again individually as were two additional practitioners for this 1998 project. This exercise was less extensive than that of Faine (1992), noted in Chapter 1, but more focused. In this project, the four practitioners were asked four questions: about their career from initial training through their various positions and roles in different locations: how they learnt in and from their practice: how they came to use CPE/PD/CME as it was provided for their profession and finally what advice they would give to beginning practitioners about becoming and remaining competent practitioners. The purpose of the interviews was to confirm or change the assertions noted above. From this sample no statistically supported conclusions may be drawn.

The first point that was stressed, as the practitioners reviewed their early practice, was the significance to them of their learning from their practice, actually practising optometry,

medicine, physiotherapy and school teaching. They cited both making mistakes and successfully completing new procedures and solving problems.

These learning activities that were closely linked to their everyday practice cannot be called 'educational' activities. They were essentially *ad hoc*, seldom pre-planned and not formally evaluated. They were related directly with the individual's practice and rooted in that practice, how it was and how they wanted it to be. They copied their practice behaviour from that of others; they made mail and phone contacts with a range of persons to seek answers to problems; they used their 'supervisors' in a variety of ways; they chose 'models' to define what they desired to achieve and how, but also what they did not seek to replicate; they learnt from successes and failures. The practitioners acknowledged these activities as 'learning experiences', and important experiences. They readily reported examples from their practices of these 'practitioner initiated learning activities'.

In reporting these experiences, they did not use the word 'mentor' (Daloz 1987: Zachary 2000), a term that has become common in the second stage of contemporary professional education. In accounting and dietetics, mentors are used by CPA Australia as Associate Members to complete their 'practical experience' and proceed to the CPA status (CPA Australia 2010) and by the Dietitians Association of Australia (DAA 1998) to assist their overseas trained candidates seeking to practise in Australia. The interviewed practitioners did however use the term 'model'. I observed (Brennan 2003) how important it was to distinguish between the two terms 'mentor' and 'model'. Mentor is usually associated with a formal organisational system and a structured relationship as with DAA and CPA – where and when to meet and what is on and off the agenda. By contrast 'model' is a more informal arrangement. As the older practitioners recalled, they chose their own models and learned from them. Sometimes they learned from watching and relating to their models what they wanted to do or recognised behaviour that they did **not** want to copy from their model. There were positives as well as negatives. The positive features highlighted what they admired and wished to include in their own practice from observing these models. Learning as a result of negative messages derived from models is not easily or usually recognised in mentoring systems.

The discussion with the older practitioners about the model/mentor examples promoted the most intense discussion. From the behaviour of their self-selected models, the medical

practitioner indicated that he chose what specialisation he would follow; the physiotherapist was so negatively influenced by her supervisors/models in the public sector that she decided to set up her own private enterprise establishment, and she did. She was actually interviewed in her private practice. The school teacher drew up for himself a list of 'things to avoid' as a result of his observation of teachers in 'demonstration lessons' and from his supervised practice teaching. In a similar way the optometrist noted that by the time he decided to set up his own practice, he had a long list of things 'to avoid' in that practice. The list was based on observations of select professional colleagues in the practices in which he had served. When asked why the list was about negatives, he confessed that at that stage he had decided to establish his own practice which he perceived was a high risk activity. He was determined not to make the sorts of mistakes contained in his list of negatives. Useful outcomes were identified by the practitioners from positive and negative learning from their models.

The educational value of this relationship with models was not generally realised at the time, ie by those concerned with assisting new practitioners becoming competent in their profession. This informal use of models has not necessarily been valued in later times. However, the activities appear in the estimations of the practitioners on reflection to have enhanced their experience and practice, helped them survive and develop and make crucial decisions about their practice.

This small example provides evidence of a variety of practice-related learning processes undertaken by practitioners in four professions at a time before a CPE program was available. But these practitioners also indicated that this learning from practice and models continued in their careers in parallel to CPE after it became established and part of their practices.

This individually initiated learning came to be complemented by what I called *supplementary activities* (Brennan 1996a, p. 28). They were given this title because the practitioners explained that these activities 'supplemented' their learning from practice and their self-initiated learning. Their supplementary activities included lectures and demonstrations, seminars and workshops, special sessions at annual business-only conferences, the distribution of written or audio materials and tours related to the profession's practice. These activities became additional to the self-initiated learning from practice that had become part of the interviewed professionals' own developmental process.

What was observed above as a series of rather irregular and disorganised activities from a variety of providers – professional associations, universities and private enterprise organisations – developed eventually into what became this distinct area of educational provision, CPE.

What the evidence of the four retired practitioners establishes is that CPE grew out of what were described as 'supplementary activities' and that these supplementary activities became important as a complement to the practitioner initiated learning that professionals had developed themselves as part of the traditional responsibility of 'keeping up to date'. What the retired practitioners emphasised was the link between their learning in and from practice, their own initiated learning activities, the later supplementary activities and the later provided education. They stressed how these diverse types of learning were closely linked.

The ways in which the four retired practitioners described their experiences reflect the 'efforts' noted in Scanlan's definition of CPE and that the practitioners accepted their responsibility to 'keep up to date'.

It is assumed that learning from practice, self-initiated learning and these supplementary activities became part of the 'keeping up to date' process of many other practitioners. The evidence of four practitioners was insufficient to be confident about the role of these activities in CPE's origins. However, there is broader support for the four practitioners' experiences. For example, the American scholar Houle asserted that more than half of continuing learning in the professions was self-directed (1980, 36). My reading of overseas studies and theses in Australian and New Zealand universities clearly indicated that there was a wide range of learning activities being undertaken by professional practitioners in the 1990s in addition to their provided CPE. Research across professions in the United Kingdom by Gear, McIntosh, & Squires (1994) and Becher (1996) revealed both formal and informal learning by practitioners. In Australia and New Zealand research on beginning solicitors by Nelson (1993) and Crebert (1995) revealed a wide range of learning activity beyond CLE, Redpath (1995) discovered many learning strategies used by senior accountants and Yielder (1997) and Henderson (2000) noted that sonologists and sonographers participated in many learning strategies in their practices.

However, of more significance for the recognition of the learning activities of the retired

practitioners has been Webster Wright's research (2010). In a larger and more detailed study, she has clearly established that what she has called 'authentic professional learning' exists and is a major feature of professional practice. Her term perhaps reflects more accurately the importance of this learning for professionals. Her research is mentioned again in Chapter 10.

There was no legislation from the Federal or State Governments establishing this new educational activity. Nevertheless there was activity, not frenetic but gradual and widespread. Many agencies discovered, some slowly and others quickly, the potential of these supplementary activities if organised in a more programmed manner. To cater for the needs, as they were perceived, of practitioners in individual professions, various organisations began to offer these supplementary activities - university departments in the professional faculties and special adult/continuing education departments or units, teachers' colleges and later colleges of advanced education, professional associations, the providers of all sorts of equipment and services used by professionals in their practices and some agencies set up by various consortia whose role was to provide education designed specifically for the practitioner - in a single profession, a group of professions or professionals in general.

The process for the development of these supplementary activities into CPE was market-driven. There was no government set of regulations. The activity was essentially between the providers and the practitioners as participants operating in an open market. The market was open to all those who had programs to offer and the professionals were free to choose, though in most cases there were fees. With no government supervision, this provision was market-driven. It had a different type of origin and operated in a manner different from other educational sectors.

When the retired practitioners looked back on their early careers, they initially perceived them through the current situation in which CPE was the public face of professional development. On further reflection, particularly once the concept of model had been 'discovered', the practitioners noted the importance of their own learning activities in their professional development. Learning in and from practice had been crucial in their becoming better practitioners. In the longer perspective then, the individually initiated activities may have continued but the supplementary activities, as educational programs developed by a range of providers, assumed greater importance. As one retired practitioner commented after

the formal aspects of the interview were concluded: “We seem to have survived without CPE.”

Supplementary activities become CPE

Having chosen to explore the origins of CPE via the individual practitioner's desire to 'keep up to date', this next stage illustrates how the supplementary activities noted above came to be organised into a new form of educational provision. The process leading to the provision of these supplementary activities has not been documented for professions as a whole. In the generalised tale, this development is illustrated by examples of providers of these educational activities from three professions, school teaching, the law and veterinary science. These educational activities have a provider, the programs have objectives and the participants gather from various locations. The examples illustrate the diversity in providers, methods of delivery and content but they also share a common objective, providing learning activities to help the practitioners 'keep up to date'. The first example describes a type program, the second a specific activity and the third an organisation designed to offer these activities. Not all CPE providers have enjoyed histories as long as two of the providers, in law and veterinary science.

The first example is the Post-College Courses (PCCs) held during school holidays at various teachers' colleges for practising school teachers with support from teachers' associations. Infants, primary and secondary teachers from the state and independent systems chose their program for the three or four days from a menu of courses. Two major types of courses were offered: content and method, and general. The former were focused on particular syllabi, while the latter included the philosophy, sociology or history of education or topics such as television or teaching machines. Three reports of PCCs at the Sydney Teachers' College from 1959-1967 (Miller 1959; Symonds 1965; Barnes 1967), illustrate this type of activity. Of relevance is the educational context in New South Wales at that time as there were major changes to secondary education through the implementation of the Wyndham reforms **(1)**.

(1.) A report chaired by the Director-General of Education, Dr. H.S. Wyndham (after who the Report was called) recommended major reforms to secondary education, with a 4+2 pattern replacing the 3+2 structure, introducing the School Certificate and Higher School Certificate and requiring the re-writing of all the curricula. www.adb.anu.au/biography/wyndham-sir-harold-stanley-15580, accessed 21 July, 2010.

In 1959 there were 35 courses offered and 1400 participants. By 1967 the number of course offerings had grown to over 50 and the participants to 2343. In the report on the 1961-1965 PCCs the claim was made that the courses bring 'a considerable measure of unity and purpose within education in NSW' (Symonds 1965, p. 122) and also provide the opportunity for the social and professional exchange of ideas. The data on the PCCs indicate that the demand grew and the range of offerings expanded for primary and secondary teachers in that period of the 1950s and 1960s.

The second example is a residential weekend for solicitors which started in the 1960s and is still being conducted. The conference was arranged by the North and North-west Law Society and the UNE and held in Armidale (Program Brochures, Department of Continuing Education, 1960-1990). The Conference retained a format of lectures with discussion and a conference dinner. Noticeable changes in the conference in its program. In terms of the topics covered, in 1960 there was an emphasis on duties of the stamp, death, estate and gift variety; the Matrimonial Causes Act feature in 1962; in 1970 legal aid and amendments to the Motor Traffic Act including breathalyser provisions, were introduced; in 1977 when the first female lecturer was used, the program included professional negligence and indemnity insurance; the 1990 program featured capital gains tax and anti-gazumping. The program reflected the changing issues for the legal profession and its continuing popularity was indicative of its perceived value and relevance. To signify the changing ethos of continuing legal education in NSW, and CPE in general, the 1990 brochure announced that the conference was worth nine CLE points, as part of the Mandatory CLE system (discussed in Chapter 4).

The third example is the Post Graduate Foundation in Veterinary Science. The setting up of the veterinary science organisation followed an initiative of the medical profession. The terms CPE, CME and CVE did not exist at that time so studies undertaken by practitioners in the field were naturally 'post graduate'. The success of the veterinary initiative, once again in parallel with the medical, was primarily due to the work of far-sighted individuals: Victor Coppleson in the medical and Tom Hungerford in the veterinary area. However, the veterinary initiative was also successful because of the wide range of supporting agencies involved, eg the University of Sydney through the Faculty of Veterinary Science, the Australian Veterinary Association (AVA), the Veterinary Surgeons' Board, CSIRO, NSW Department of Agriculture and the Institute of Veterinary Inspectors as well as the private sector. The University of Sydney Senate gave approval to the Post

Graduate Committee in November 1961, demonstrating its support to the on-going education of graduates from its professional faculties.

The Committee was a natural development of the growth of a number of supplementary activities conducted by a range of organisations - the AVA, the University of Sydney Extension Board, the Veterinary Science Faculty, the Australian Meat Board and the Rural Bank. From the outset the Committee sought to provide programs for country practitioners. The brief was noted in a comment on Hungerford by Bryden with contemporary relevance as well as in the 1960s.

He saw the difficulties which confront individual veterinarians in whatever sphere of work they pursue; the practical problems of coping with the busy rush of everyday activity; the compelling need to work in the marketplace and to compete with a host of other similar services, while at the same time trying to maintain a professional approach and to keep abreast of new developments and techniques which occur throughout the world at an ever increasing rate (1987, p. 5).

The Committee accepted its responsibility regarding finances. As a result, a Post Graduate Foundation was set up to support the Committee financially. The Foundation eventually absorbed the Committee and the 1995 report noted an expenditure of \$1.4 million. In 2008, the Foundation became the Centre for Veterinary Education (CVE 2008). Program delivery had changed with a significant allocation to distance education and the program reflected the changing practice of veterinary science. These three examples illustrate the way the supplementary activities provided a basis for organised CPE provision. The examples also indicate some of the qualities of what became acknowledged as *good* CPE practice: collaboration between agencies, consultation with practitioners, and relating topics to current problems in practice. The examples also demonstrate a variety of providers, different methods of provision and the recognition of social and interpersonal factors in program provision as well as the financial responsibility of providers.

The three examples also demonstrate the varied role that professional associations played in the early development of CPE. For the weekend program for country solicitors the Law Society was an active participant though the initiative for the activity came from local solicitors who approached the university. In the veterinary example, the AVA played an important role but the drive to establish the program came not from the AVA but from

practitioners with university support. The PCCs were established on the basis of the enthusiasm of the lecturers in the colleges and support from some of the specialised teachers' interest groups, eg. the English and the History Teachers' Associations.

The examples of supplementary activities' provision in three professions offer an illustration of the diversities evident in CPE: who organised the activity, in conjunction with what others, where it was held, for how long, at what cost to participants, with what regularity? These activities, though acknowledged as supplementary activities leading to recognised CPE events, provide different answers to the questions noted in the previous sentence. They also offer evidence of the single-profession focus of CPE from its origins.

Whatever the profession, whoever the provider, these supplementary activities were welcomed by practitioners. Not all practitioners were enthusiastic participants, as noted in Chapter 4, but the four retired practitioners welcomed them. These supplementary activities satisfied a need among practitioners and an assortment of providers found that these activities were successful and profitable activities.

In the Review of the Law Schools (See Chapter 3), the limitations of the earlier form of individually initiated learning were noted in the observation that 'it has become more and more difficult for even the conscientious practitioner to keep up to date with current developments in substantive law and the practice of law' (Pearce 1987, p. 283). That was evidence of a need for these supplementary activities.

These new programs were not the outcome of an individual practitioner's interests or problems but the offerings of agencies such as university departments, private enterprise suppliers of goods and services for professionals, government departments and professional associations. They were certainly educational programs in that they had goals and were organised with specialist resource people to lead them and budgets linked to their administration. Organised CPE had arrived.

Though the learning of individual practitioners was a very important factor in the origins of CPE, the Australian situation mirrored the UK experience in that formal CPE was 'the creation of professional bodies', as Friedman described their 'associations' (2012, p. 39).

However, one of the unfortunate outcomes of the acceptance of these supplementary activities by practitioners, professional associations and other agencies that offered them

was that the new term 'CPE' came to be equated with these supplementary activities. As a consequence of the use of this equation, many activities that pre-existed the organisationally developed supplementary activities, such as practitioner-oriented individual learning activities, were devalued. In most professions they were not necessarily acceptable as CPE. One reason why the individual learning was devalued was that only the perceived problems, and not the virtues, of this form of professional learning were recognised. As reported in the Review of Law Schools (Pearce 1987, pp. 283-4), only the limitations of what they called 'self-directed learning', as contrasted with education, were mentioned. Also, the providers of these supplementary activities sought to persuade practitioners that attending this course or enrolling in that seminar was the best way to achieve understanding of this concept or gaining proficiency in that skill. By implication then, this education was better than the personally initiated self-learning or the practitioner's learning in practice. The two approaches to learning were contrasted, with the older forms viewed as inferior to the newer form. The CPE staff in the professional associations clearly promoted the 'superiority' of provided CPE over personal learning, as I detected in my visits.

What was not acknowledged at that time was the complementary nature of the two approaches and how both forms of learning were able to contribute to the 'keeping up to date' of individual practitioners. On reflection, the four retired practitioners agreed that their personally initiated learning activities and CPE were complementary and both contributed to their remaining competent practitioners.

In the development of CPE, the pendulum initially swung away from valuing the personally initiated learning of the practitioner towards provided CPE. However, towards the close of the 1990s, the pendulum swung back towards what had come to be termed 'practice-based learning'. There are similarities between the practitioner-initiated learning of the pre-provided CPE period and the practice-based learning of the 1990s. The renewed value of practice-based learning is noted in Chapter 10.

But in the period under review ending in the 1980s, education-style CPE with its providers and programs became the dominant mode to deal with the older style feature of professional practice called 'keeping up to date'.

It is important however that CPE should be recognised within the context of the practitioners' overall learning activities. As CPE developed in the 1960s and into the 1970s,

to what extent were professionals participants in other forms of learning, eg general adult education? As is noted in Chapter 3, adult education was a popular activity for adults, especially middle class adults, in these decades.

The question was not posed to the four older practitioners whose experiences were reported above. However, from my knowledge of the four professionals, I am aware that the medical practitioner took singing lessons, the optometrist became involved in courses to learn wine making and the school teacher attended workshops on restoring furniture. So three of these professionals certainly participated in adult education.

Data on adult education from this period were not extensive but the NSW Board of Adult Education conducted a survey in 1979 of five Evening Colleges in the Sydney area (NSW Board of Adult Education 1979). The colleges were at Parramatta, Liverpool, Sutherland, Ashfield and Chatswood. 80% of the students were female and 17% were identified as 'professionals' as 1 of 12 occupational categories. The most popular courses were: pottery, dressmaking, typing, yoga, dance, cooking, French, German, Art, Italian, floral art, cake decorating, upholstery, leather work and jewellery. The courses taken by the professionals were not revealed in the study. The point needs to be recognised however that professionals do participate in education other than CPE and that CPE needs may be satisfied by adult education.

As the 1960s became the 1970s and into the 1980s, the professional associations realised that CPE had become an accepted area of provision for professionals and tended to replace their individually initiated learning activities. But there were also other areas of provision, like adult education, that were becoming available. Professionals may have chosen adult education to satisfy their personal as well as professional learning needs. That situation is likely to have continued. CPE may not be the only educational provision by which professionals seek to satisfy practice learning needs. That was the situation in the 1960s and continues to the present. This relationship however between CPE and adult education has not been analysed.

The first CPE events

The provision of CPE across the professions has been acknowledged. The three examples discussed above suggest a starting time in the late 1950s or early 1960s. McGrath (1962, p. 286) in his discussion of the goals of the first stage of professional education indicated that

CPE was an established form of education in North America in 1962. That appears to have been an important year in North America for CPE because Dryer published a paper on a proposal for the lifelong learning of physicians (1962). In Australia, finding a date that identifies CPE's acceptance across the professions is virtually impossible. So the 1960s may be a decade for Australia's first CPE events with the expectation that identifying the first event would occur at different times in each profession.

Identifying the first CPE event in individual professions may be an important but also a difficult problem. In terms of the distinction identified between the individually initiated learning activities and supplementary activities, the early supplementary activities were not identified as CPE. The search then becomes one of detecting when an activity that may have been assigned the title of a 'supplementary activity' for this current discussion may have been re-defined or re-badged as CPE for the first time. A potentially difficult but useful exercise. The exercise may become the starting point for a study of the development of CPE in that profession.

In accounting, these significant dates have been identified. The first 'professional development' (the ASA/ICA version of CPE) labelled activity was offered by the Australian Society of Accountants (ASA) in 1968 (McKeon 1978) and by the Institute of Chartered Accountants (ICA) in 1967 (Graham 1978). The accounting examples occur within a decade of the PCCs and the veterinary example noted above. The Australian Library and Information Association (ALIA) suggests a much earlier starting date for its first CPE-type activity, 1937 (ALIA 2000). The ALIA example illustrates the importance of profession-specific research and the issue of definitions but also highlights the problem of making cross-professional generalisations.

In seeking to isolate the first CPE events, it may be necessary either to note the first event among the many supplementary activities identified above that was badged as CPE or the first series of events that adopted that title.

In searching for a profession's first formally recognised CPE event or series, important background information on the roles various agencies – professional associations, university departments, government bodies or the private sector – have taken in the early years of a

profession's CPE, may be revealed with possible implications for later development. Important information may include the content of the activity, how it was delivered, where, the cost, any details about those who participated? The changing program of the NSW Law Society weekend at Armidale revealed the changing nature of CLE for that region's solicitors.

In the perspective of several decades, the question may be raised whether those who were responsible for organising the first PCC or the initial activity of the Post-Graduate Committee in Veterinary Science or that first ASA event realised what an important educational venture they were helping to establish.

The limitations of the first degree

CPE made progress in the 1960s and 1970s within individual professions without necessarily making significant impact on the wider community. Then an issue arose that provided support for the acceptance of CPE, though the issue was not initially concerned with CPE. However, CPE's long term development was enhanced because it was perceived that CPE offered a solution to a current educational problem. The issue was important because CPE was acknowledged as a special type of educational provision, a much broader concept than an activity related only to a number of individual professions.

The issue concerned the entry level degree to professions and questioned whether in a period of growth of scientific and technical knowledge, there was a need to lengthen this university degree from 3 to 4 years. In debating the issue, there was gradual acceptance of the limitations of this bachelor degree.

As background to this issue, in many professions their association had played a significant role in having a university qualification accepted as the sole means of entry to their profession. The negotiations associated with professional associations winning the acceptance of bachelor degrees for librarianship, social work, engineering and occupational therapy meant that their associations had gained contacts with, and experience of, many universities. The important point to establish in this paragraph is that the associations were focused on the degree being the sole, or primary, means of entry to their professions. The point of the larger discussion was the role and goals of the entry level degree. (The entry level degree is discussed again in Chapter 4.)

In addition to the negotiations regarding the entry level degree, there were discussions in some professions of the option of lengthening these entry degree courses from say 2 to 3 or 4 years. In 1967, the Institution of Engineers Australia (IEAust) proposed extending the entry level qualification for the engineering profession from a three to a four year degree and the proposal was accepted by the universities concerned in 1980 (Lloyd 1991, p. 174). This outcome may have increased the status of the training and the profession but did that ensure effective coverage of the increasing knowledge base of the discipline? That outcome may have been achieved in earlier decades. There appears however to have been acceptance, perhaps with reluctance from the university faculties and practitioners, that in the first stage of professional education students were not able to learn in that training all that they needed to practise that profession for their entire working lives. Lengthening the initial degree courses was no longer a realistic solution. If that view had been accepted, there would be the ongoing requirement for constantly extending the length of the course. Constantly lengthening the degree was no longer perceived as a solution.

The answer was that in a rapidly changing world it was not possible for persons training for a profession to learn within their initial degree all that was required to be effective practitioners for their entire professional life. The practitioner required further education and training. This comparatively new provision, CPE, offered the solution, helping them to remain practitioners.

The four older practitioners acknowledged how important had been their learning from actually carrying out their practice in their early days as practitioners. But they acknowledged when I raised the question of the limitations of the first degree that as their careers progressed and the developments in their professions became more rapid and complex, it was impossible for them to continue to practise successfully by relying solely on learning in and from practice. CPE was necessary and increasing the length of the first degree was not an option.

Who was responsible for first proposing and then disseminating this challenging point of view of the limitations of the first degree? It is difficult to provide a definitive answer. However, I propose 1982 as a date and Barry Jones' *Sleepers, Wake! Technology and the future of work* as a reference point. The book was not primarily about education but technology and work. In a passing reference, Jones recorded the comments attributed to Lord Ashby that 'university degrees and diplomas should be, like passports, renewable after

five years: they can no longer be regarded as a lifetime qualification' (1982, p. 181). In relation to the argument about the value of the first degree, the remedy proposed in Jones' comment involved renewal of the initial degree. That goal was to be achieved through additional ongoing training (the new CPE), not extending the first degree. Jones' book was widely read and the UNE group discussion program that operated all over eastern Australia used the book as a text to guide the groups' thinking and reflection.

This issue was not limited to Australia. Jarvis (1983, p. 18) noted the UK's recognition that what he called professional basic education 'is no longer sufficient for a lifetime of practice', just one year later than Jones' volume.

As with other factors identified in the description of CPE's development, Jones' book and this particular argument did not originate in professional faculties or associations but from a broader discussion of technology and its impact on the growth of knowledge on current practices, eg those of professionals. The acceptance of the limitation of the first degree was important in CPE's development as it was identified as a new means of solving a pressing educational problem. But it was also salient to be aware of changes in the social, political and economic context of professional practice and their potential impact on CPE, and the other stages of professional education.

Whoever and whenever the claim was first enunciated, it was sufficiently widely accepted to be included as one of the three reasons for CLE in the Pearce Report (1987, p. 283). The report observed that the legal education received in university and practical legal training 'will always be incomplete and will not necessarily furnish (the practitioners) with the wherewithal to engage in specialised legal practice'. (The other reasons were changes in the law and changes in the 'direction' of an individual's practice.) (The Pearce Report is noted again in Chapter 3.)

The acceptance of the limitations of the first degree was clearly evident in national survey and policy documents in later years of the 1980s. In the Johnson-Hinton Report on Adult and Continuing Education Summary (1986, p. v) the suggestion was made that increasing CPE-type programs was preferable to lengthening the periods of study for the first degree. Then in his *Higher Education: A policy statement* Minister Dawkins (1988, p. 70) gave his support to courses of upgrading and updating knowledge and skills as preferable to

lengthening initial periods of study such as the first degree. That was CPE but he did not use the term. If the Commonwealth Minister for Education who was in the process of a major re-structuring of higher education in the country was unaware of the term given to the form of educational provision that he agreed should take the responsibility for the updating of professionals in practice (rather than increasing the length of the first degree), then CPE would appear at that time to have some level of 'unrecognised existence' in the educational sectors. Or was CPE just part of his solution?.

The fact that CPE was proposed as an alternative to extending the length of the first degree was evidence of the realisation by some of the relationship between these two areas of educational provision, ie how CPE continued the training of professionals that had been initiated in the undergraduate degree. But there was no ongoing focus on this relationship as part of a wider acceptance of professional education, as the sector for professionals to become and remain practitioners. Though the acceptance of the limitations of the first degree not only provided support for the role of CPE for a practitioner remaining in their profession and also stressed the inter-relationship of the three stages of professional education as defined in this study, the formal recognition of CPE and its role was not enshrined in significant policy documents at that time.

Summary and some tentative conclusions

In terms of the goal of professions researching their CPE, an objective noted above, a potentially useful exercise for professions may be to trace the development of their CPE and note changes in what has been offered, who have provided the programs and who participated in them, who first identified the use-by date of initial degrees and what influences have caused changes in their CPE? The three examples noted above indicate approaches that may be taken by a profession in completing this 'exercise', ie by tracing a providing organisation, a series of activities or a single activity over a number of years. This historical perspective on CPE may be valuable in defining new policy and provision or identifying limitations in past delivery.

The lack of research on the early days on CPE in Australia places limitations on the quality of the picture that may be drawn. However, evidence from other countries may be relevant. Friedman's research on the UK situation suggests that their CPE emerged later than in Australia, namely the late 1970s and early 1980s (2012, p. 68). Knox's review of North

American CPE noted that it developed 'as an open system' (1993, p. 277). There was freedom for providers to offer programs and practitioners had wide choices from which to select courses. Even when mandatory CPE became the norm in Australia in the 1990s, there remained a large degree of freedom of choice for the individual practitioner in selecting what activities in which to participate. In this sense then there was an open market for providers. Streatfield, while describing the engineering situation, commented that CPE was a 'provider-driven system' (1990, p. 93). Such a situation would be attractive to the range of agencies noted above as potential providers. So CPE offered opportunities for providers and choices for practitioners.

This Chapter has presented an across the professions sweep of the origins and early years of CPE. Comparisons between professions are possible as well as an appreciation of assumptions underpinning CPE provision. CPE appears from the material presented as a genre of educational provision quite different from school and university education. It appears to have been accepted by its practitioner users before it was recognised in the broader community.

Eight characteristics are identified from this overview of CPE's origins and early development. They are that:

- provided CPE appeared initially as a supplement to practice-based practitioner-initiated learning but then replaced it,
- CPE emerged in an unplanned, *ad hoc*, *laissez-faire* way,
- CPE appears to be an example of *market-driven* provision with limited evidence of government intervention,
- diverse agencies and organisations became CPE providers,
- the professional associations established a major interest in CPE,
- these developments occurred on a profession by profession basis over different time frames,
- non-educational factors and influences outside the professions impacted on the profession's CPE and brought changes, eg. the limitations of the first degree, and
- the individually initiated activity, the learning in practice and the supplementary activities and then the more formal CPE when it was available were for practitioners very personal concerns, 'their business' not the responsibility of others.

Some of these characteristics of CPE began in its earliest days in some professions. Some remained, while others changed as CPE became more sophisticated under the guidance of the professional associations.

Chapter 3: Missed opportunities

Introduction

This Chapter provides the background and educational context for the emergence of CPE. The discussion assumes that CPE is an educational sector though it was not recognised as such. Because of my experiences in education, CPE is perceived as an educational sector, like but certainly different from, adult, continuing and vocational education. It is also considered as a cross professional sector that it is linked to professional education.

In analysing the material collected on educational policies and developments of this period since CPE's origins in the 1960s, a recurring theme emerged. It was that there were occasions when the status of CPE may have been acknowledged or its formal recognition enhanced but these outcomes did not eventuate. The initial heading I used to describe the educational context for CPE's early development was 'missed opportunities'. However, as the examination of CPE's educational context was extended to the 2010 national professional registration scheme, additional items joined the list of CPE's 'missed opportunities'. These additional omissions were acknowledged and the phrase 'missed opportunities' became the heading of this chapter and part of the title of the thesis.

This chapter has an important role in the tale of CPE in Australia. It illustrates the **educational** context within which the professions and their associations were learning about and providing this new service for their members.

In discussing these 'missed opportunities', the question of blame may be expected to be raised but allocating blame is not a major objective of the Chapter.

However, the Chapter has three objectives: To examine developments in various educational sectors at both the national and state levels from the 1970s to 2010, thus providing background to CPE's development over this period; to demonstrate areas of 'missed opportunities' for CPE's recognition and development; to explore the degree to which these 'missed opportunities' were detrimental to CPE.

The areas of education examined are recurrent, continuing, higher, adult, continuing and community education, noting where relevant both the Commonwealth and State levels.

Recurrent education

Recurrent education was an international approach to education with potential links to CPE. The term first gained attention in Australia in the 1970s, having originated in Europe with support from the Organisation for Economic Co-operation and Development (OECD 1973). Recurrent education stressed the examination of education using economic criteria noted by Stoikov (1975) and focused on post-compulsory education and training. Duke (1978, p. 21) observed a key factor in recurrent education was the emphasis away from 'front-end-loading' education, ie giving priority to the school, and supporting the concept of adults alternating between periods of work and training with potential economic benefits.

In Australia, the Centre for Continuing Education (CCE) at the Australian National University (ANU) (Duke 1978; Davis, Wood & Smith 1986; Smith 1987) supported recurrent education and the Australian Council of Educational Research (ACER) provided a review of the approach (McKenzie 1983). At that stage of CPE's development, it was not sufficiently recognised to be included in this recurrent education discussion and there was no representative CPE group to focus on recurrent education and its relevance to CPE. Milligan noted that recurrent education discussions focused on formal training courses and omitted the range of learning activities in CPE provision (1983, p. 7). Nevertheless, aspects of recurrent education - paid educational leave, vouchers and the concept of regular periods of study interspersed among periods of work - may have become significant in Australia's emerging CPE. Smith from ANU's CCE Recurrent Education Program sent me the minutes of a meeting on CPE organised by the CCE in Melbourne in 1985 (Smith, Personal communication, 06/01/1986). Nine professional associations and several higher education institutions were represented but there was no follow up. A means of linking Australian CPE with a global concept supported by the OECD was not embraced, the first of many missed opportunities.

Continuing education, adult education in higher education

In the Chapter 1 discussion of 'definitions', the use of 'continuing education' to refer to 'adult education provided by universities' was noted. Also in the acronym ACE, initially 'C' represented 'continuing' (Johnson/Hinton Report 1986) but became later 'C' for 'community' (Aulich Report 1991).

A brief review of adult education from World War II to the 1980s provides background for discussing 'adult education' in higher education. During World War II a major adult education program was developed, the Australian Army Education Service (Dymock 1995), and provided Australian servicemen in overseas theatres and at home with educational materials and activities. As part of the post-war reconstruction program, a national adult education service was proposed by Duncan (Whitelock 1973; Whitelock 1974, pp. 264-266) but his plan was never implemented. There was no post-war national adult education plan or provision and the states remained responsible for adult education. The major state adult education providers were Boards in Tasmania and Queensland, the Workers' Educational Association (WEA) in NSW and South Australia, the Council of Adult Education in Victoria, evening colleges based in state high schools in NSW and in all states universities and later Colleges of Advanced Education (CAEs).

At a philosophical level, there was an ongoing debate, often heated, about the nature and goals of adult education. One approach was described as 'liberal', or in Whitelock's terms 'The Great Tradition' (1974). Two major criteria were that adult education was non-vocational and non-credit. Courses were therefore not designed to be related to adults' work and did not gain the learner credit, eg. a certificate or degree. The arguments 'for' and 'against' the liberal view of adult education were presented at a conference organised by the Australian Association of Adult Education (AAAE) in 1976 and published, *Educating the whole person* (Crowley 1976). The WEA, especially in Sydney, strongly supported the non-credit, non-vocational view of adult education as identified by Dymock in his history of Sydney WEA (2001, pp. 56-57). The liberal view was not sympathetic to CPE.

In 1966 the Commonwealth Government's higher education body, the Australian Universities' Commission (AUC), proposed significant changes to adult education. It would no longer be supported financially in universities and that it was more appropriately delivered by the major state-based organisations, noted above, and CAEs. After widespread criticism, the proposal was not implemented (Whitelock 1974, pp. 266-268; Crowley 1970, pp. 220-229; Brennan 1988a, p. 36). But the question was unresolved whether different types of adult education programs were appropriate or inappropriate for different providers. Also, universities' *adult education* offerings were referred to as 'continuing education'.

Continuing education became a contentious issue between the universities and the

Commonwealth Tertiary Education Commission (CTEC, successor to the AUC). In its 1978 Report, CTEC indicated that there would be an increase of 1% in universities' recurrent funds if they engaged in continuing education. Noted was the expansion of 'programs in continuing education, particularly the upgrading, refreshment and diversification of professional and vocational skills' (CTEC Report, 2.2. 1978). These programs clearly included CPE, and therefore universities' adult education (continuing education) was to differ from the 'liberal' non-university adult education. However, controversy continued because universities argued whether the CTEC requirement for the quantity of continuing education provision was a minimum or maximum. They also claimed that they needed extra money to expand the programs. That extra money was never forthcoming (Brennan, 1988, p. 11). So this question was not related to developing policy for this emerging educational sector, CPE, but rather, as I concluded from reading the relevant documents, a bargaining chip in the poker game between the universities and their commonwealth masters.

The CAEs expressed a willingness to participate in continuing education that had become part of universities' provision. Some, particularly the former Teachers' Colleges, had a strong tradition for CPE-type activities, eg the PCCs described in Chapter 2. In a conference organised by the Federation of Staff Associations of the Australian CAEs at Warburton in Victoria in August 1970 (Golding, Killingworth, Moore & Wynd. 1970), continuing education was on the agenda but not a major item. There were more significant issues to explore. The meaning of continuing education for the CAEs needed clarification. The Director of the Victorian Council for Adult Education, Badger, reminded the conference that their continuing education provision should not only be 'technical' but extend into courses in 'the humanities and social science' in accordance with the liberal philosophy in adult education (Golding D.J. et al., 1970, p. 93). Continuing education remained a problem for the CAEs as illustrated in a conference sponsored by the ANU's CCE in 1975. In the conference proceedings, it was concluded (Duke 1976, p. 3) that 'continuing education is likely to become increasingly significant in CAEs in the next decade and beyond' but the conference discussions noted a range of problems and other activities claiming higher priorities so that continuing education was unlikely to gain higher status.

A consequence was that continuing education remained a problem in the 1970s and 1980s for higher education institutions and some potential opportunities were lost.

Three surveys

That situation is further illustrated in three surveys of continuing education conducted in the early 1980s. They provide insights into the means by which CPE's development was influenced by the ways in which continuing education was defined and operated in higher education. Continuing education in these institutions included educating their graduates beyond graduation and since many of their graduates were professionals then CPE was included.

The first survey focused on universities and CAEs primarily in New South Wales but in the workshop associated with the survey, there were participants representing higher education institutions from other states. The project – survey and workshop – was promoted in 1983 not by the body responsible in NSW for higher education but by the Board of Adult Education (BAE)(1983). The survey of 5 questions sought information on the way continuing education was defined, organised, funded and staffed. The workshop organised by the Board in February 1983 issued the Armidale Statement that posed and answered the 5 questions. In Question 1.2 the Statement affirmed that continuing education would be non-award but should not be 'restricted to education for professional competence', ie CPE. In relation to continuing education participants, the Statement stressed the 'community' as the target for provision and that the institutions should 'not restrict themselves to provision for the graduates of such institutions' (Question 2.2). From the Armidale Statement the conclusion about CPE appears to be that at that time higher education institutions recognised that continuing education was much more than CPE. However, the means by which continuing education was to be managed and financed remained an ongoing problem for individual institutions. The Statement illustrated how these institutions were seeking to define and perhaps modify CTEC guidelines to suit their individual needs. Noting a problem mentioned frequently in this discussion, the Statement commented on 'the difficulty of obtaining data on the extent of client participation in continuing education' (1983, p. 5).

The second survey sought responses to questions about continuing education within Australian universities and CAEs as part of a 1983 OECD project on adults in higher education (Milligan, Brennan & Caldwell, 1983). The survey produced a wide range of responses and three of the survey's conclusions are noted. In a reference to the CTEC policy guidelines, the report commented that 'the absence of a clear philosophy and definition of the role of higher education institutions in the overall provision of continuing education

could lead to an over-concentration on certain aspects at the expense of others' (Milligan et al. 1983, p. 16). The possibility of this type of outcome was likely to be increased by the fact that although continuing education was already 'well established' in these institutions, the fact of 'considerable diversity of arrangements' (Milligan et al. 1983, p. 17) was also evident. Thirdly, the long term position of continuing education within higher education could not be guaranteed because it was observed that continuing education was important but only marginal, an additional rather than a normal activity (Milligan et al. 1983, p. 15).

The third survey records the project of the Director of Community Programmes (for the University of Newcastle that was 'adult education'), Dr Brian Smith, who visited all 19 Australian universities in 1984 surveying their 'continuing education' organisation and provision. His report (Smith 1984) is a personal statement, from an insider who had developed the department at Newcastle from its inception. He recorded many significant observations, noting for example six different 'styles' of continuing education administration developed by the universities (Smith 1984, pp. 98-102), a similar conclusion to that of Milligan et al. (1983, p. 17). Important in this discussion are the comments he made that provide another perspective to those already provided by the other surveys. Smith's own view of continuing education within universities was that it should be broader than just delivering courses to its own graduates. He supported the broader, 'liberal' approach promoted above in Badger's quotation at the Warburton Conference. Smith's comments under the heading of 'Perceptions and performance' (1984, pp.106-111) demonstrated this point. Interesting in terms of later developments was his antipathy at the prospect of universities under the heading of continuing education providing 'forty hours of tuition every four years' so that the graduates could retain their status, the future mandatory continuing professional education. The degree of his distaste was illustrated when he described that possibility as 'grotesque' (1984, p. 111).

These three surveys provide insights into where CPE 'sat' within the organisation and operation of universities and CAEs that would continue to have a major stake in professional education. The commonwealth authority declared they should offer continuing education: there seemed to be agreement that continuing education should be provided. But problems remained: What should they offer? To whom? What would be the financial regime for the provision? Where was the education of their professional graduates to 'fit' in this program?

The 'fit' was never comfortable. From the perspective of the adult education contribution to continuing education, there was the pressure to be 'non-award and non-vocational'. CPE was clearly vocational. CPE was also both award and non-award. CPE in higher education was not facilitated because of the way continuing education was linked to adult education.

Johnson-Hinton and the discipline reviews

In the Australian community however adult education had grown in the 1970s and been strengthened by its linking with technical education into the national Technical and Further Education (TAFE) sector. Additional providers, particularly at the community and neighbourhood levels, appeared and were successful. This growth in adult, further, continuing and community education in the 1980s prompted the CTEC to sponsor a national report on Adult and Continuing Education (ACE). The resulting Report *It's human nature: Non-award adult and continuing education in Australia* (Johnson & Hinton, 1986) did not focus on 'continuing vocational' or 'continuing professional' education. That is not surprising because ACE itself was large and complex.

But the Report did offer two suggestions (Johnson & Hinton 1986, pp. 4-5). One was for a special report on CPE and the second for a series of reports on CPE, not as a discrete area of provision, but in a series of 'discipline reviews', ie for law and engineering. One potential advantage of the latter option was the possibility of an examination of CPE within the context of the discipline's professional education. There was limited support for a report on CPE as a whole as it was perceived by the associations in profession-specific terms. The Government chose the individual disciplines option. There were two factors that provided the discipline reviews with some relevance for CPE. It was included in the Terms of Reference for the first four discipline reviews and the discipline reports included a review in five years.

The four relevant reviews are identified through their Chair/Convenor:

Pearce, D. (Convenor) 1987. *Australian law schools*.

Williams, B. (Chair) 1988. *Review of the discipline of engineering*.

Speedy, G. (Chair). 1989. *Discipline review of teacher education in mathematics and science*.

Doherty, R.L.(Chair) 1988. *Australian medical education and workforce in the twenty first century*.

The Doherty activity was not strictly a Discipline Review and was initiated by the Department of Community Services and Health but it discussed professional education.

I compared these four Discipline Reviews (Brennan 1991b). The comparison was based on five topics: the importance of CPE; the purpose of CPE; the relationship between CPE and initial preparation for the profession; the policy issue of voluntary or mandatory CPE and CPE delivery. Reading these reviews suggests that any cross-professional CPE enquiry would have been a difficult task. Nevertheless by structuring the examination through the five topics, a cross-professional analysis was productive. Using a similar approach in a wider exploration of CPE, the other Johnson-Hinton proposal, may have contributed some coherence to the field, particularly before the re-structuring of higher education and advent of Vocational Education and Training. A missed opportunity for an examination of the field as a whole has been noted.

What did this examination of the Reviews reveal? There was an acceptance of CPE but to varying degrees and for differing purposes. In two reviews, Speedy and Doherty, the strong link between pre-service training and CPE was embraced but a non-issue for the other two professions. There was general agreement that their professions were moving towards mandatory CPE but that pathway was not clear as were the reasons for that progression. The Doherty report stressed the importance of MCPE being set up and controlled by the profession. By contrast the Williams and Speedy reports stressed a mandatory requirement on employers of engineers and school teachers in CPE provision. Williams also stressed the financial responsibility of employers to support their engineering staff's CPE commitments. Doherty and Speedy supported co-ordinated efforts in delivering CPE but overall the reviews demonstrated the lack of an understanding of CPE's delivery.

The four Reviews provided a cross-professional view of their professions in the late 1980s. They also offered insights into the emerging field of CPE. The Reviews however did not identify a sector that was widely appreciated or easily comprehended. CPE had developed in a profession-specific manner and generalisations were difficult.

The planning of the first three discipline reviews (but not Doherty) included a revisiting of the reports five years after the initial review. As with the initial reviews, the follow-up activities made a limited contribution to the overall picture of CPE but highlighted features

in individual disciplines in the late 1980s and early 1990s. The review of the Pearce Report (McInnes & Marginson 1994) indicated some important developments. For example, between 1987 to 1992 there had been 'unprecedented changes in higher education and the growth of legal education, the number of Law Schools and law students doubled' (McInnes & Marginson 1994, p. vii). The writers suggested that the Review 'generated a climate of debate, discussion, critical thinking, self-evaluation and continuous improvement which served the Law Schools well since 1987' (McInnes & Marginson 1994, p. viii). Further the Law Schools acknowledged there had been an impact on CLE. The pre-1987 Law Schools had 'reviewed their aims and roles' and the post 1987 Law Schools had 'considered their CLE aims and roles as an outcome of the Pearce suggestions' (McInnes & Marginson 1994, p. 223).

The review of the Williams report on engineering (Caldwell, Johnson, Anderson, Milligan & Young 1994) focused primarily on the engineering schools in the various universities. As a result, CPE was not a major concern. The report noted (Caldwell et al. 1994, pp. 9 & 40) that the professional association (IEAust) was a major CPE provider and had set up a special agency, Engineering Education Australia (EEA), to provide CPE especially by distance education, and further that engineers favoured practitioners as CPE tutors rather than academics.

In reviewing the Speedy report, Whitehead, Symington, Mackay & Vincent (1993) focused attention on the overall impact of the Review. The most relevant comment noted under the heading of Post-initial Education (3.2.11, 12) was that there was an increase for these teachers in the actual or proposed courses that may be identified as CPE. They included master level courses as well as non-award programs.

There were later discipline reviews. Perhaps because in the experience of the initial reviews, CPE was perceived as being a difficult, unproductive or unimportant area to investigate. As an outcome, CPE was not included in the terms of reference of these reviews.

In 1988 the Johnson of the Johnson/Hinton report presented a paper at the second UNE-sponsored CPE Conference on 'Emerging government policy on continuing professional education and the place of the discipline reviews' (Johnson 1988). He noted the growing involvement of adults in educational activity citing Evans' *A nation of learners: Participants*

in adult education (1988). He also stressed the importance of vocational learning and the possibility that continuing education may become a condition of retaining the right to practise in a profession, noting this was 1988. He observed that 'it was perhaps too early to say what has been the impact of the discipline reviews, especially in the field of continuing education' (1988, p. 9). The paper mentioned possibilities such as support for education and training in the future by the national government. Where and how CPE was to be accommodated was not clarified.

Exploring CPE in individual professions or within the framework of adult and continuing or community education produced some insights into CPE but few were applicable across the whole field of CPE and therefore opportunities were not created.

On school teachers

There was a lack of attention to general CPE policy by national and state/territory level governments over this period. But this lack did not prevent special national interest in individual professions and their CPE. School teaching, for example, attracted considerable attention. The PCCs received some support from state education ministries but in the 1970s there were national policy initiatives and finance for professional development activities.

This focus is illustrated by *Schools in Australia: A Report of the Interim Committee of the Australian Schools Commission* (Karmel, 1973). The report covered issues from values and funding to buildings and libraries. Chapter 11 featured Teachers and Teacher Development. The professional development (ie CPE) programs were supported through designated grants and the Education Centres (paragraph 11.13 and paragraph 11.21 Karmel 1973, pp. 148-149). These Education Centres were set up throughout Australia and were given four main functions (11.16, p. 123):

- 'a. give teachers a setting within which new objectives can be discussed and defined, and new ideas on content and methods in a variety of subjects can be aired;
- b. plan, implement and test curriculum changes;
- c. keep teachers informed about research and developments in progress elsewhere, and
- d. focus on the special local interests of teachers.'

This 1973 Karmel Report and subsequent teacher development activities demonstrated the uneven field on which CPE was being played out. For example, the later discipline review (Speedy 1989) suggested that the lofty goals of the Karmel Report had not had a positive

impact for science and mathematics teachers. I observed in the North-West area of NSW that there was initial interest in the Regional Centres but later support moved to state wide activities. Other professions in the 1970s had limited provision of 'supplementary activities' or the nascent CPE. Individual practitioners in many professions were left to their own resources to 'keep up the date'.

Changes in higher education

In adult education post-World War II, the custom developed for the leaders of the university departments, state-based boards and the WEA to meet, as an unofficial *Directors' Club* (Rooth. S.J. 1982 March 12, Personal communication). It became less important in the 1970s but was revived and enlarged in the 1980s with the long title of the Standing Committee on Adult and Continuing Education in Higher Education (SCACEHE). The leaders of some university and CAE continuing education providers met initially in Perth (1987) and then in Melbourne (1988) and Canberra (1989). There were many emerging issues for these CPE providers in the 1980s from the use of the distance mode to staffing and resources and where they 'fitted in' to the two higher education providers, as noted in the Warburton and Armidale Conferences. There was also a Green Paper (1987 *Higher education: a policy discussion paper*) and a White Paper (1988 *Higher education; a policy statement*) from Minister Dawkins challenging them in an education system that removed the university/CAE dichotomy. This was a period of significant change.

Continuing education providers in the higher education institutions discussed the field as a group at the SCACEHE meeting at Monash University in 1988, but only nine universities and five CAEs were represented. Developing a coordinated continuing education approach for the sector was unlikely to be achieved. In the invitation to providers to attend the Canberra meeting (1989), Caldwell from the CCE at ANU and Crombie, President of the Australian Association of Adult Education (AAAE), expressed the view that continuing professional education was 'experiencing healthy growth', but that the future of liberal adult education 'was less certain' (2.)

2.) *I attended the Perth, Melbourne and Canberra meetings of the Committee and quote from my invitation to the 1989 meeting as Acting Head of the Department of Continuing Education at UNE, 16th January, 1989.*

Dawkins' *White Paper* contained references to CPE in Chapter 6 dealing with Links with other Sectors and in the section on 'adult and continuing education'. These scattered points and their lack of coherence indicated the absence of an integrated approach to CPE. Three observations (1988, p. 70) are noted. The first stressed that an emphasis on continuing education (ie CPE) was preferable to the lengthening of the first stage of professional education, thus providing Ministerial approval in 1988 for the solution discussed in Chapter 2. The second identified the lack of data on adult and continuing education (and thus also CPE) offered by universities, noted as a justification for this study. The third point raised the contentious issue of funding this form of education. Dawkins stated that professional and vocational programs should operate on at least a cost-recovery basis and funds raised may be directed to programs that are non-vocational (1988, p. 70). In a period of anxiety about education, ie CPE, was preferable to the lengthening of the first stage of professional education, thus providing Ministerial approval in 1988 for the solution discussed in Chapter 2. The second identified the lack of data on adult and continuing education, and thus also CPE, offered by universities, noted as a justification for this study. The third point raised the 'robbing Peter to pay Paul' approach with regard to marginal educational activities such as vocational and non-vocational non-award continuing education? The conclusion was that if the commonwealth government was unable to present a coherent CPE policy within the field of university provision, an overall plan for CPE offered by providers in workplaces as well as educational institutions was unlikely. For ACE, I concluded there were 'appropriate words' but resulting 'programs and activities' were unlikely (Brennan 1988b, p. 41).

Dawkins expressed his preference for CPE rather than lengthening the first degree in professionals' training. While his statement may have been acceptable to CPE providers, the fact was that there was no provision offered to assist universities and other CPE providers in the 'new higher education' to ensure that CPE was able to fill the void potentially created by the non-extension of the length of initial degrees. Here was another missed opportunity for CPE. Dawkins recognised CPE's importance and preferred CPE over lengthening the initial degree but failed to provide incentives or resources to help higher education fulfil its CPE role.

A disappointing summative view of national policy development for CPE at the end of the 1980s would be that there was no policy and that the prospect of policy decisions in and for

the field as a whole in the near future were not anticipated.

Adult education in the States

There was some activity on the state level in the 1980s involving reviews and policy development in relation to adult, continuing or community education. In New South Wales in 1986 the Minister for Education published a policy on *The provision of adult education in New South Wales* (Cavalier 1986). His statement was concerned with the role of the state government and that was perceived as being primarily that of 'co-ordination', referring to agencies traditionally involved, universities, CAEs, the WEA, evening colleges and local community adult education centres. It was not concerned with adult education beyond the scope of this co-ordination and therefore excluded CPE, carried out in workplaces and sponsored by professional and industrial organisations. State co-ordination of an educational sector that had many stakeholders, involved a variety of providers and cut across boundaries established in the recognised educational sectors, such as the distinction between vocational and non-vocational and credit and non-credit provision, made CPE unlikely to qualify for this state co-ordination. In addition there were inconsistencies within the statement. In noting the role of CAEs in adult education, the statement acknowledged that it was important for CAEs to provide for the 'continuing education or professional growth and development of their own graduates and the graduates of other institutions' (1986, p. 8). However, these important aspects of the role of CAEs were not mentioned in the listing of the universities' adult education functions (1986, p. 7). The policy delivered mixed messages to the state's higher education institutions regarding their adult education provision, including CPE.

In Victoria in the same year, the Council of Adult Education published a *Draft policy for Adult Education in Australia* (1986). In a different way the Victorians sought to define a position for Victorian adult education within the emerging policy and funding regime from the Commonwealth. CPE was not a priority.

State government policy-making wheels were grinding on in the cause of adult education, but generally excluding CPE.

The national focus, primarily on ACE

In the national educational bureaucracy, the National Board of Employment, Education and

Training (NBEET), that succeeded CTEC, initiated the First National Conference on 'Australian Education and Training in Perspective' in 1990. I was invited to prepare a paper on CPE for the Conference (Brennan 1990a) and the follow-up publication. The paper was presented (6.4 ie the fourth paper in the Section 6 'Continuing Professional Education') and revised for the publication. However, the publication was delayed and finally not published. This was an additional lost opportunity for a focus on CPE at the national level and within the context of 'Education and Training'.

The next opportunity for national level CPE policy development occurred in 1991 in relation to adult education, or Adult and (now) Community Education (ACE). The Johnson-Hinton recommendation for a national enquiry into CPE had not been accepted. However, ACE had become sufficiently important that it was appropriate for attention by the Senate's Standing Committee on Employment, Education and Training.

The Committee's Report, entitled *Come in Cinderella: The emergence of adult and community education* (Aulich, 1991), was designed to recognise the apparent lack of status and recognition of ACE as an educational sector. CPE was not listed in the Terms of Reference but the Committee was requested to make recommendations on ACE's role and contribution (1991, p. 6, iii). In Chapter 1 ACE was recognised as a sector in partnership with schools, TAFE and higher education (1991, p. 4). Chapter 4 on The Sector Described (the largest chapter in the report) devoted two pages to CPE (1991, pp. 64-66). CPE was the only special type of provision (as opposed to the ACE providers who were the focus of the chapter) included in the Chapter. CPE was acknowledged and received coverage but in a part of the report that seemed to identify that CPE was special but different from the overall ACE sector.

Generally, the Aulich Report achieved some success. A national policy on ACE was issued in 1993. But once again, CPE was located uncomfortably within the ACE sector, as it had been in relation to adult education. For CPE it was another missed opportunity.

In 1996 the Senate's Employment, Education and Training References Committee was asked to review 'developments in ACE' since the *Cinderella* Report and provide guidelines for the Australian contribution to international conferences on adult education in 1996 and 1997. The committee produced the report, *Beyond Cinderella: Towards a learning society*

(Crowley 1997). It was ironic that the report commenced with support for lifelong learning and then proceeded to devote major attention to ACE's contribution to Vocational Education and Training (VET). The special attention directed to CPE in the 1991 Report and CPE's actual role as an important part of VET were not acknowledged in the new report. The Government Response to the Crowley Report was disappointing, noting in the Preamble that 'State and Territory Governments have prime responsibility for the ACE sector' (1997, p. 2) and therefore justifying a reduced role for the Commonwealth Government in the sector.

Even in the late 1990s, an opportunity for the legitimate recognition of CPE as a key contributor within mainstream educational provision was overlooked. Or perhaps on this occasion the myopic view of the contributors to the committee's deliberations and that of the committee members may have just assumed that CPE was a sub-structure within VET.

The outcomes of reviews from bodies such as Senate Committees depend heavily on the inputs from witnesses and submissions. I made written submissions to both Cinderella reviews, though not solely on CPE. A check of the lists of names of witnesses and submissions for the two reports (provided in Appendices to each Report) revealed that for the Aulich Committee there was just one professional association mentioned (Australian Library & Information Association - ALIA) and two trade unions (though they were nominated with the professional associations as providers) (Appendix 4. Aulich, 1991) and for the Crowley Committee three professional associations, ALIA again plus the Australian Association of Social Workers (AASW) and the Australian Association of Occupational Therapists (AAOT) (Appendix 3, Crowley, 1997). These associations were identified because the individuals making the submissions linked their names to their professional association. I identified one other person who claimed to be representing the national Adult Education association while her professional work was as a senior staff member of a professional association within the legal profession. These figures suggested that the professional associations may have been as unaware of these Senate activities as the Committee members may have been about CPE as an example of ACE.

Within a discussion of ACE policy making, it is appropriate to mention a feature of professionals' learning that is usually overlooked in discussions of CPE but was noted in Chapter 2. It is that professionals as adults participate in educational activities other than, and in addition to, what is identified as CPE. Data were presented about an era in the late

1970s in NSW. It may be expected that in the present era similar educational behaviour in ACE will occur and that this learning should be, but is not, acknowledged within the total picture of professionals' education.

Observing CPE from the perspective of other forms of educational provision provides insights. As noted in the previous paragraph, practitioners in their 'professional learning' may enrol in adult education courses. That aspect of CPE provision was not specifically researched. By contrast, in the 1990s there was extensive research by University of Technology (UTS) academics, especially McIntyre (McIntyre, Morris & Tennant 1993 & McIntyre, Foley, Morris & Tennant 1996), focused on the vocational scope and outcomes of ACE. Similar research on the link between VET and CPE has not been conducted.

National policy on ACE

In the exploration of ACE national policy, activity was initially promoted by the Johnson-Hinton Report, proposed by the Aulich Report and became a reality in 1993. Two documents selected for examination of this national ACE policy are the *National Policy* (1997) and the *Ministerial Declaration* (2002) sponsored by the Ministerial Council on Education, Employment, Training & Youth Affairs (MCEETYA).

There are two reasons for including this discussion. The first is to acknowledge the importance of VET as part of CPE's context in the 1990s and beyond. The second is to demonstrate why the professional associations were central to CPE policy-making from the 1980s to 2010 because of the lack of government interest.

The 1997 document represented the first upgrading of the original 1993 National ACE policy. It was relevant to note the reference to ACE as a 'sector' and that the policy identified in its three goals the recognising, enhancing and supporting of ACE (1997, p. 3). The policy accepted the terminology of the 'learning society' given attention in *Beyond Cinderella* (Crowley 1997, pp. 1-2). Five challenges to ACE were listed: changes in the nature of work, an ageing population, a culturally diverse society, the global communications technology and the impact of rapid social change. These challenges CPE shared with ACE. Note also the links between these challenges and the 'changes' for CPE noted in Chapter 8.

CPE however had not been completely overlooked by the national government and its

educational bureaucracies. The Higher Education Council for NBEET conducted a study on Professional Education and Credentialism in 1996. CPE was being provided and made some sort of contribution but it was marginal. It was mentioned in one of nine points of reference: 'examine the extent to which CPE is required in the professions and the extent of any public subsidy provided' (1996, p. 4). The conclusions were that six of twenty eight of the professional associations surveyed required MCPE for membership or registration and that 'a few associations' were subsidising such programs' (1996, p. 12). These are not significant results.

The 2002 document was selected to explore what progress had been made since 1997. It was called a 'Declaration': it was smaller than the earlier one, 8 as opposed to 30 pages. It was very difficult to identify 'progress' from the earlier statement. In the Declaration, there were 4 goals and a series of 'enabling strategies' (2002, pp. 11-16). The Declaration however lacked the detail of the earlier document. The 1997 policy provided Strategic Objectives for each of its 3 Goals. In addition there were Specific Outcomes (from 2 to 7) for each Strategic Objective and suggested strategies for achieving the outcomes for each Strategic Objective (1997, pp. 19-24). Finally (1997, pp. 25-27), indicators of progress for achieving the objectives for each Goal were listed. In spite of the structure and strategies provided in the 1997 document to assess the progress over the 5 years since the earlier policy, the Declaration offered no assessment of the areas of success and lack of success in the implementation of the earlier policy.

The examination of the two documents does not allow for conclusions to be drawn about possible improvements in the ACE sector. Also there were few comments that may be made about CPE within that sector. The documents however did indicate that at this, the national, level, there may be very detailed policy statements or those with less detail: there may be very well or poorly compiled documents. Policy documents are necessary but not sufficient. They ensure nothing. Even those with detailed plans for review and assessment may not be followed. The point of this examination of policy, particularly national policy, has been to suggest that CPE has not been well served because of a lack of policy development at the national level. But in addition, these documents reveal that a well researched and presented document may be developed as a national policy, and that may be a 'good thing'. But that has been no guarantee that the guidelines and strategies of that policy will be implemented and/or followed. In addition, there may be a report in several years that bears limited

connection to the first document and provides no real answers regarding progress or issues to be explored or new avenues to be followed. There may be a series of policy documents but the evidence from the ACE example is that these policies provide no guarantees of demonstrated progress in the areas for which the policy has been developed.

On missed opportunities

From this discussion of the 'missed opportunities', CPE was disadvantaged, perhaps severely, in the period of the 1970s, 1980s, 1990s and into the current century by the lack of attention by successive governments at the national and state level in the area of policy development. This Chapter has noted many occasions involving the lack of attention to CPE. It has also provided evidence that it is not necessarily that good practice is the result of policy, even good policy. Whatever may have been the outcome for CPE of attention by governments to the sector over these several decades, the point is made that different responses and outcomes may have been produced for some issues. For example, policies and practices associated with the question of practitioner participation in CPE, the adoption of competencies and the development of national regulatory schemes may have been different if there had been a serious and on-going contribution to this emerging CPE from governments. Also, the role of the professional associations may have been at a different level of involvement and intensity if there had been attention from governments and their educational bureaucracies to CPE.

Blame for these missed opportunities has not been allocated. For the professions and their associations, these missed opportunities have been accepted as part of their history and part of the tale of CPE's emergence.

Reviewing CPE within the context of other educational provision over more than four decades focuses on CPE as an educational sector, although it was not formally accepted as an independent sector. The examination of CPE's relations with other sectors suggests that there may be an ongoing problem for CPE to be closely linked with other established sectors in the future, such as ACE and VET. Nevertheless, the governments' and the other sectors' perceptions of CPE provide a foundation on which CPE's developments relating to MCPE, competencies and regulation may be appreciated.

The stage has been set for the introduction of three major policy issues that were defining activities and significant stages in CPE's emergence in Australia.

Chapter 4: Mandatory Continuing Professional Education - Its origin & acceptance

Introduction and the professional associations' role

In this part of CPE's tale, the spotlight moves from a focus on the backdrop, the context for CPE's emergence, to the centre-stage development of CPE. The goal of these two Chapters is to trace the story of CPE from its acceptance into professional life by the associations and practitioners to the situation where for most professions CPE became a mandatory feature of their practice. CPE became MCPE. This part of the tale was orchestrated under the banner of the professional associations.

Why the professional associations became involved

Why did this surprising outcome occur? As demonstrated in the previous chapter, governments avoided dealing with this unusual field of provision for over 30 years. As a consequence, into this void marched the professional associations, not all at the same time and not all using the same marching tune. This development, which occurred slowly across three decades (1980s and 1990s and into the current century), is unusual in Australia's educational history. Non-government organisations, and not just one or two but eventually dozens, were deciding the rules and regulations for CPE that potentially millions of professionals all over the country in all sorts of practice locations were to be obliged to follow. That style of activity had not been evident in other educational sectors.

Why did the professional associations seize this opportunity? The answer offered is that others were not apparently able or willing to do so. Chapter 3 illustrated governments' unwillingness and universities' complicated relationship with CPE. By contrast, Chapter 2 mentioned CPE-type activities of professional associations such as the ASA, AVA, ALIA and IEAust. That evidence however is insufficient to explain why the professional associations accepted this significant role in CPE's management in the 1980s. An explanation is proposed but first reasons why other CPE stake holders did not accept the challenge are offered.

Some stake holders offered CPE provision but their policy tended to refer only to their own provision. For example, trade unions, and especially the Association of Professional Engineers, Scientists and Managers (APESMA), were providers of CPE but primarily for their professional members. Their provision continues through a special provider, Chifley

Business School (2010).

In many industries employers provided training for their staff, and many, as indicated in Table 2, were professionals. However this training was primarily industry or company specific and the term CPE was not used. The banking industry for example provided courses and facilities, and in some cases residential accommodation for staff training (including professionals). The Bank of New South Wales (now Westpac) used a large residence called *Mahratta* at Warrawee on the North Shore of Sydney for these activities (Bank of NSW. *The Etruscan* 1961, pp. 8-11). This private sector training was likely to be focused on a single enterprise or related to a specific industry's requirements, eg in aviation or agriculture, and not focused on professional employees. There was the view, expressed in the discipline review on engineering (Williams 1988) and in the Training Guarantee (see Chapter 6), that employers shared responsibility for the cost of training employees, including professionals. Some employers accepted that responsibility but the practice was neither widespread nor enforced.

Between 1900 and 1992 I had extensive personal contact with the professional associations. There was a tour of national capitals in association with my ACER publication on CPE in 1990, plus two UNE-sponsored National CPE Conferences held at Coffs Harbour and also the conduct of ARC supported research on CPE policy. This involvement with the personnel of the associations in these activities provided insights and contacts that are relevant to the discussion of this stage of CPE's development (See Appendix 1).

Three sets of factors are proposed to explain why the professional associations became the CPE policy makers. The first set examines their experience with the universities. The second notes the understanding the associations had gained from being CPE providers, while the third relates to the criticisms of professions from agencies and clients, suggesting the associations perceived CPE as a response to this criticism.

Their experience with universities

The relationship between the universities and professional associations was examined in Chapters 2 and 3. The professional associations had had discussions and negotiations over many years with universities regarding entry level degrees for their profession and possibly the problems faced by universities in offering CPE. Explored in the following paragraphs

are the implications for the associations of these negotiations with the universities.

Regarding the introduction of the entry level degree, there may have been disagreements about who profited most from that activity but my conclusion is that the associations certainly gained experience and confidence from dealing with the universities on this issue.

For professions seeking to establish degree entry in the 1950s, there were few institutions with which to deal. However, with the advent of the CAEs and an increase in the number of universities, eg in Sydney and Melbourne the number of universities trebled, the task became more complex and required more of the associations' time and resources. There were many of these discussions over the period from the 1950s to 1980s. For occupational therapy, the initial degree was in 1950 with the University of Queensland in an Applied Science degree with Physiotherapy. Later awards were arranged with Lincoln Institute (Victoria) and Cumberland College (NSW) (Anderson & Bell 1988). In pharmacy also in 1950, a 3 year degree was established with the University of Sydney (Haines 1976, p. 294). The degree for dietetics began in 1967 at the University of Sydney (Clements 1986, p. 143) and for computing science in 1975 with a full-time 3 year stream in the discipline at the Universities of Melbourne & Tasmania (Sale 1994, p. 152). An important factor linking this process with CPE was that these negotiations were focused on education and providing high level training programs.

The relationship between professional associations and universities over the entry level degree has not been extensively reported. However it was included in *Professional Education and Credentialism* (1996), a Higher Education Council Report. The Report stated that the relationships were 'very complex and vary considerably between professional fields' (1996, p. xi), that the associations had not 'undermined university autonomy' (1996, p. 1) and further that the universities reacted 'positively to their (the associations') assessments and suggestions' (1996, p. 12).

That was not the universal opinion. In my discussions with many professional association members in the 1980s and 1990s who were at that time taking leadership roles in CPE and had gained experience in negotiations over the introduction of the first degree, they reported problems in the relationship. One engineer explained he could not understand why universities were reluctant to accept what IEAust was offering, namely the opportunity to

participate in training for a major profession with the potential to train overseas students. In addition, IEAust offered its resources to assist in that training, eg organising visits by undergraduates to construction sites. Other professional association members supported the view that the universities were not receptive to the associations' proposals. From the other side, academics commented that the associations did not appreciate the conditions under which universities operated and the pressures placed on them by governments, eg over continuing education. Some academics claimed that professional associations tried to 'bully' university departments.

The relationship may not have been universally cordial but an important outcome was that some professional associations gained power and prestige from discussions, disagreements and successes with the universities. In engineering, Lloyd observed that 'those who possessed qualifications recognised by IEAust *ipso facto* were *professional engineers*. Those who did not were not entitled to be so described or to payment of the award salary, even if they were described as "engineers" by their employers' (1991, p. 146). The report on the impact of the Williams' Review of Engineering observed that there was strong endorsement by the engineering schools for the IEAust proposal for a 10 per cent management component in foundation engineering degrees, an example of a professional association with influence (Caldwell et al. 1994, p. 25).

There were also positive results for universities from the introduction of these degrees. The associations were not reluctant to claim how these new degrees produced growth in universities.

Sale demonstrated the growth of student and staff numbers in computing science (1994, p. 153). Table 3 indicates a fourfold increase in students, an over threefold increase in teaching staff and an almost ninefold growth in general staff over the decade as one example of a positive impact on universities of the entry level degree.

Table 3: Growth of students & staff of Australian universities in computing science, 1981-1990

Year	EFTSU*	Teaching Staff	General Staff
1981	1686	123	30
1983	2709	150	113
1985	3492	214	136
1988	4528	312	239
1990	6268	388	264

* EFTSU – effective full time student unit

Source: Sale, A. 1994. Computer science teaching in Australia, in Bennett, J.M. et al. (Eds.). *Computing in Australia. The development of a profession*, p. 153.

But CPE was a problem because both organisations offered CPE. In higher education, CPE was part of 'continuing education' and therefore may have become associated with the '1% debate', discussed in Chapter 3. Universities also had different management structures and policies for continuing education and CPE, demonstrated by Smith's report on his visits (Smith 1984). If CPE had equated exactly with master level degrees and post-graduate diplomas that were part of the faculty's normal offerings then there may have been fewer problems. But CPE (as university continuing education) may have involved an occasional series of four lectures or a weekend school possibility conducted off-campus. These CPE activities, when not part of a recognised degree, did not always 'fit easily' into institutional administrative structures. There were additional problems with staffing and remunerating staff, allocating rooms and resources and the issue of the administrative cost of servicing CPE. I worked in UNE's Department of Continuing Education in Tamworth and Armidale from 1973 to 1990 and was Acting Director from 1988-1990. In that time there were many examples of administrative problems associated with the university offering CPE. There was also a 'local' problem in that academic staff who taught CPE complained that they were not adequately recognised by their departments for this work, eg. in relation to promotion. Higher education 'credit' awards were accepted as CPE, but the occasional CPE event or series did not necessarily fit successfully into university administrative arrangements.

While the entry level degree became part of higher education provision, problems administering and financing CPE meant that higher education institutions did not become

major contributors to CPE policy development. However, the associations' experience of dealing with universities contributed to their confidence in managing their profession's CPE.

Their experience as CPE providers

The second set of factors contributing to the associations' involvement in CPE policy relate to their experience gained from providing CPE for members and practitioners in other professions.

Chapter 2 provided examples of the collaboration between the regional Law Society and the UNE and of AVA's relationship with the Post Graduate Committee. As a result, many associations gained an understanding of this CPE provision, broader perhaps than higher education and other providers.

By the early 1980s associations had developed structures and programs to provide their members' supplementary activities. The general approach was that key decisions were made at national level and the programs delivered by state branches or regional chapters. Distance education programs were rare in these early years and there was limited use of educational technology. The program consisted of lectures, seminars and workshops. Progress was uneven across the professions. Few were as well served as the school teachers under the Karmel Scheme, noted in Chapter 3.

Important was the consideration that members' interests may be better served if their professional association controlled CPE. This provision may then be considered as a 'service' to members. But it was also realised that CPE provision offered a source of revenue, a feature not lost on associations' treasurers. However, within the associations there was the potential for conflict between CPE as a service to members and an income stream. But favouring the provision by the association was the fact that members had come to expect supplementary activities from the association and perceived that it was a provider that understood their needs.

CPE as an income stream posed a problem for some associations. Data produced by Singh (1990, p. 79) from the Annual Reports of the Australian Society of Accountants (ASA) and Institute of Chartered Accountants (ICA) for 1985 and 1987, just before and after the introduction of Mandatory CPE, indicated that there was in both cases an increase in income

and expenditure on CPE as a result of the new policy but for ASA there was a slight deficit and for ICA a small profit. There was apparently no guarantee, even for accounting's professional associations, of significant profits from CPE.

In my visits to association national offices and state branches in the 1980s and 1990s, the impression gained was that the associations' members and staff were pleased to be involved in CPE. CPE staff advised me that because of the association's CPE program, the most common reason for members making contact with the association HQ or state branch was CPE, and the associations appreciated the contacts. There was enthusiasm for CPE, especially because it provided income, although financial gains from CPE varied from profession to profession. Financial considerations aside, association members developed a strong bond with their association's CPE. This bond was still evident in the late 1990s when I reviewed logbooks in CPE audits. Gradually CPE had become an integral part of associations' activities.

The associations helped 'supplementary activities' become CPE.

CPE as their response to criticism

In the early 1980s, criticism of professionals increased. Clients were better educated and the community was aware of professional negligence and incompetent practitioners. Also new professions or occupational groups were claiming 'territory' traditionally the exclusive province of professionals. Physiotherapists and chiropractors were engaged in an on-going public argument about which health professionals 'owned the back'. Mellor (1989, p. 144) offered a verdict in a back-page comment in a weekend newspaper: 'a pain in the neck' . There were also concerns about using professional titles: Who had the right to call oneself a counsellor or an architect?

Controlling the profession's CPE offered associations the possibility of addressing criticism by mounting counter claims about CPE's contribution to increasing members' proficiency. Association CEOs and chairs of association CPE Committees at this time espoused the importance of CPE to me in our meetings. An example of this view was expressed by Farkas from the ASA that in assuming responsibility for CPE policy making, professional associations were demonstrating 'the capacity for self-regulation by a professional body' (Farkas 1987, p. 30). Associations managing CPE demonstrated self-regulation and were

able to provide evidence of their members' participation.

For professional associations in Australia up to the 1970s, generating educational policy and providing education was not 'core business'. They were primarily concerned with their profession's status, supporting members and ensuring the profession's growth. But in the 1980s, managing CPE policy contributed to these other priorities.

Nevertheless some professional associations were reluctant to take a role in CPE. In Chapter 2 with the Committee and Foundation, the AVA was only involved initially in a supportive role. Not until the late 1970s did NSW solicitors become attracted to their CLE after the establishment of the College of Law by the Law Society in 1973 (Mackay 1981). The prime purpose of the College was to provide practical legal training to law graduates but its second objective was to provide CLE and solicitors responded to its programs, with Law Society support.

Overall however, the professional associations perceived CPE as a means of supporting and defending their members and their profession.

The associations take action

Without necessarily having meetings and conferences or being encouraged by governments or other educational providers, most professional associations chose independently to adopt a significant role in CPE policy and management. For a variety of reasons, professional associations surged forward into what was for them relatively uncharted waters to develop policies to provide their profession's CPE. As with most points raised in describing CPE's development, when and the degree to which the three sets of factors noted above impacted on individual professional associations varied considerably in time and intensity.

The details of the policy developed by the professional associations were similar to, but also different from, traditional educational policy. The professional associations' initiatives focused on CPE were similar to those of traditional educators because they perceived this education's goal not as an end in itself but rather on the functional role of education, as a means to an end. That end was to maintain and seek to raise the level of performance of its practitioner members and be able to demonstrate that status to clients, their members' employers, potential members of the profession, members of other competitive professions

and occupations and governments and regulatory bodies that may have been concerned about clients' rights or risks to public health and safety.

But for the associations the goal was assumed so there was no point in elaborating what it meant. That is where the association-developed policy differed from that of educational bureaucrats (who have to define the goal in detail and set measures by which it may be achieved). This point was demonstrated in the 1997 National ACE policies noted in Chapter 3. Policy developed by the associations was focused on rules and regulations, ie how the system was to work, not wider 'educational' issues. These rules were designed for members primarily to help them fulfil their obligations. The associations' policies contained some characteristics of 'normal educational' policies but were different because the details of the policy developed were primarily concerned with management and control, making small changes to make the system work and clarifying operational issues for their members. The associations learned from their experience.

The way the associations became involved in CPE policy development may be perceived as an appropriate direction and a relevant area in which to assume responsibility. The associations' role in CPE policy development was not raised as an issue for debate in Australia. However in the USA, questions were raised, particularly in the early 1980s. For example, Stern identified the associations' "educational and fiscal interest" in CPE but questioned whether the goal may be to "preserve their group identities (even some say to maintain control over their guilds) by being both providers and policemen at the same time" (Stern 1983, p. 5). Nowlen repeated Stern's observation and asked whether or not there may be some appearance of impropriety in linking the providing and accrediting roles (Nowlen 1988, p. 4). While these roles may cause conflict, the issue was not raised in CPE's development in Australia, as I observed in dealings with associations.

In examining professional associations' CPE policy, the main feature was the inexorable movement towards a mandated requirement for practitioners. However, as in other CPE-related issues, there was a significant time lag between the pioneer decision of the Australian Society of Accountants (ASA) in 1984 (ASA 1984) for MCPE for its members and the Australian Physiotherapy Association's similar decision in 1999 (APA 1998).

How was CPE viewed by the professional associations and practitioners in the 1980s?

For the associations, having practitioners involved in CPE may result in an enhancement of the profession's reputation, improving the effectiveness of the members and also possibly helping to compensate for deficiencies detected in the first degree. What were the practitioners' perceptions? They were likely to have varying attitudes to this CPE, depending on their own goals, the impact of the first degree on their attitude to their profession, the stage of their career and their experience with supplementary activities. Many may have viewed CPE as simply an acceptable extension of their individually initiated learning from practice and participation in occasional supplementary activities, as did the four retired practitioners.

The participation issue arises

For the professional associations the key task was to persuade members to participate in CPE because associations' claims about the effectiveness of CPE depended on the degree to which members participated. The associations needed every members' CPE participation and achieving this goal became an issue. Appreciating the problem facing the associations helps to explain their decisions.

From my contacts with association personnel, I concluded that they perceived the problem as a management issue. The option of seeing the problem as an educational issue and using local (or more likely overseas) research to seek other answers to the problem was not taken. Nelson's detailed study of beginning solicitors noting the solicitors' needs (1993, pp. 107-129), identifying deterrents to solicitors' participation (eg poor courses, difficult locations, inappropriate timing) (1993, pp. 152-158) and his reference to the Participation Reasons Scale (1993, pp. 37-44) was an example of local research producing data to guide decisions to solve the participation problem. It was not however consulted or used.

So this policy issue – the first real challenge in this comparatively new field of provision – resolved into three options: that the level of practitioners' CPE participation remains voluntary, that practitioners be recommended by the association to participate in a specified amount of CPE and that practitioners be required by the association to participate in a specified amount of CPE.

The first option was not providing the required results. The problem was summarised by Jones and Fear: 'it is always those who need CPD most who are least likely to do it' (1994, p. 52). The second was a compromise between the other options. The ASA adopted this

position, as noted below, but found only 5% qualified to receive the Certificate of Compliance in 1983 (Pryor 1983, p. 10). That level of compliance was unacceptable. In 1990 Streatfield noted that IEAust had a policy for a recommended level of CPE participation, ie. that engineer members participated in 50 hours of CPE per year over a three year period (1990, p. 89). But he added that a survey indicated the majority of members were achieving that level of participation without any recommendation from their association. The recommended level option appeared to be an unsuccessful or unnecessary compromise but it provided a transition from voluntary to a mandated level. In the ASA and IEAust, the recommended level prepared members for mandated participation.

American experience influenced Australia regarding MCPE. However, in the USA MCPE was linked to re-licensing or the registration of professionals to continue to practise, a responsibility of the USA's state governments not the national government. The registration issue is examined in Chapter 9. In Australia in the 1980s, MCPE was not linked to registration.

There is a question about terminology. 'Mandatory' was the term adopted by Australian professions and used in this thesis. However, recent research in the UK (PARN *Spotlight* November 2010) used the words 'compulsory' and 'obligatory'. Both terms indicate that the practitioner is required to participate in a certain level of CPE but in the former there are sanctions on the practitioner whereas in the latter there are no sanctions. The subtle difference is recognised but mandatory is used to cover schemes where CPE is required with a specified level of participation and with penalties.

About voluntary and mandatory CPE participation

The examination of the issue between voluntary and mandatory CPE is usually structured in terms of a debate, for and against. It is an argument between philosophers and educators. The issues raised continue to have relevance for MCPE to the present day. But CPE policy decisions were not made in the offices of educational bureaucrats or the tearooms of philosophers but in the executive suites of professional associations. For the theoretical debate, consult Appendix 2 in which the arguments for and against MCPE are presented.

To provide the setting for the professional associations' adoption of their MCPE policy, reference is made to my paper for a CPE conference in Auckland in 1990, when MCPE was a 'hot topic'. The paper does not critically examine MCPE but rather seeks to present 'What developments have caused the drift to MCPE?' (Brennan 1991, pp. 110-111). The major

influences towards the mandatory option originated within this wider context. Ten factors were identified as important at that particular time.

1. The recent explosion in knowledge has resulted in the growing obsolescence of knowledge, much of which is related to professionals and their practice. The half life of knowledge is being expressed in terms of fifteen, ten or even five years.
2. Associated with the knowledge explosion is the rapid increase in the use and sophistication of technology. The computer is everywhere part of professional practice. Professionals now need to become computer literate.
3. These latter developments have shown the inadequacy of the first stage of professional education. Pre-service programs cannot be extended to cover the changes. How can these programs inform trainees about knowledge or techniques not yet discovered?
4. There is the problem of the incompetent practitioner. Professionals whose work or advice is shown to be inaccurate or inferior are being taken to court. Indemnity insurance for professionals has increased considerably.
5. Professionals face not only better educated but also more critical clients. These clients make new demands on professionals: they may not use the services of professionals but do-it-themselves or use 'alternative' practitioners.
6. Some professionals are in a competitive situation with other, newer professions or occupations aspiring to professional status. The protection of professional territory has become an issue.
7. Associated with boundary and consumer problems is the question of the overall status of the profession, and its organisation (or organisations). The profile of the profession and its association may need to be consciously raised through public relations efforts and by disciplining incompetent members.
8. The independence of professions and their associations appears to be under threat. Governments of various colours and at various levels have the potential to influence professions through their power to license professionals to practise. Other government policies related to equal opportunity or immigration or the acceptance of overseas qualifications also impact on professional independence.

9. Professional independence is also threatened by considerations of the labour force and the labour market as a whole. Special or premier status of professions is threatened. In ASCO the first category consists of managers and administrators, not professionals who are the second category.
10. The labour market data based on ASCO indicate that for Australia the professional workforce is largely composed of employees. ... The appropriate group to which employee professionals might belong is the trade union, particularly the 'mega' unions being planned for Australia. In such a situation activities such as CPE are likely to be negotiated for the whole union in industrial awards. Where would CPE, or mandatory CPE, fit in such awards?

The ten points noted above cover territory different from the philosophical/educational debate in Appendix 2. Together however they demonstrate the breadth and complexity of the context in which CPE and MCPE were supposed to provide answers to perceived problems at that time and into the future. The context in which the associations operated was one of managing problems not solving educational dilemmas. Expressed in another way, Hager and Gonczi supported the relevance of the ten points above when they asserted that MCPE had been embraced by the professional associations 'more for political than educational reasons' (1991, p. 24).

The advocates of MCPE 'won the debate' as that option was eventually chosen. Those closer to the production line were successful over those in the ivory towers of learning. The issues raised in the debate are worthy of re-consideration from time to time. The basic claims of what MCPE guarantees from practitioners and especially the laggards have never been the subject of a major study to substantiate them. As noted below, there are additional functions that MCPE has been assumed to fulfil and these too have not been adequately assessed. So re-visiting the arguments of the 1980s retains significance and relevance. Their re-examination also raises the question of what CPE may have become if MCPE had not been embraced.

Research on the policy options

The next part reports on the associations' responses to these policy options and is based on my ARC supported 1990-1991 research (Brennan 1992).

CPE was being widely discussed within Australia but there was limited information on what was actually happening across the professions. The survey focused on individual professions but was primarily concerned with the state of CPE nationally and the picture provided by the cross-professions' coverage. The research sought to inform the public debate but particularly those in the associations dealing with the problem of practitioners' CPE participation.

The research's relevance in this context is that it provides a statement about the views and plans of those in professional associations at **that time** about **their policy** regarding **their members' participation** in CPE.

The research target was professional associations as the drivers of CPE policy. The national level of the association was contacted as CPE policy was generally decided at that level with CPE delivery at the state or branch level.

A list of professional associations was prepared from information provided by the Australian Council of the Professions (ACP), participants at UNE's annual CPE conferences and contacts made in a series of capital city meetings associated with research conducted by the writer regarding an ACER publication on CPE (Brennan 1990 and Appendix 2).

The choice of the term 'policy' in the title of the project produced interesting reactions from those in associations responsible for completing the survey. They commented that they did not think of their CPE work as 'policy making'. They were just trying to make CPE, 'this new part of the association schedule work properly' or 'better'.

Sixty two associations were involved in the data analysis. Not all associations responded to all questions. The sample was organised according to the nine Minor Professional Groups of the ASCO 1987 (See Figure 1). For the analysis, Minor Groups 4 & 5 (school teachers and other teachers & instructors) were combined and Minor Group 8 (artists and related professionals) was not included as their associations did not provide CPE.

Figure 1: The 1987 ASCO list of professional minor groups.

1. natural scientists
2. 2. building professionals & engineers
3. health diagnosis & treatment practitioners
4. school teachers
5. other teachers & instructors
6. social professionals
7. business professionals
8. artists & related professionals
9. miscellaneous professionals

Source: *Australian Standard Dictionary of Professions* 1987.

The survey instrument was distributed and returned by mail. It contained four Parts. Part A sought information on the profession and professional association. Part B enquired on any licensing/re-licensing requirements for the profession. Part C asked for a response to three policy options: voluntary, recommended and mandated level, and for the reasons for the association's particular policy choice. Then the respondents were given 20 statements – 10 each for the voluntary and mandatory options – and asked to select the three that were most important in the association's choice of their option. The statements were developed from a review of international literature on the mandatory v voluntary issue (noted in Appendix 2) plus the views of Australian practitioners passed on to the researcher at meetings and conferences throughout Australia. Questions were also asked about mandatory requirements on employers and governments and these responses are noted (with the Training Guarantee in Chapter 6). In Part D, a question asked if the association planned to review CPE policy within three years.

The responses indicated that there was a movement among Australia's professional associations towards mandatory requirements for members to participate in CPE. That conclusion was similar to a conclusion noted in an earlier section on the Discipline Reviews, namely that there was general agreement that their professions were moving or would move towards mandatory CPE but the pathway to MCPE was not clear nor were the reasons for that progression (Brennan 1991b, p. 67). 65% of associations had a current policy of voluntary participation, 16% favoured a recommended level of participation and 19% had adopted a mandatory position.

Why then is the claim made that there was movement towards MCPE? 25 responding associations, from the total of 57 who answered the relevant question, indicated that they were planning a review of their CPE policy within 3 years. Since there is no evidence from

the USA that a profession having adopted the mandatory option has returned to the voluntary policy (Phillips 1987a, p. 57), then it was assumed that the movement in policy choice would be towards the mandatory option. That assumption is supported by the indication, expressed mostly in comments on the survey form or in phone or postal messages returned with the surveys, that the planned review would recommend the mandatory option. There was no indication however that the mandatory option would be adopted within one or two years. It was going to be a gradual process. In that situation, there may be expected a maximum shift in the balance of the options from 46 with a voluntary or recommended level of participation and 11 with the mandated level to the possibility of 23 with the policy linked to the first two options and 34 adopting the mandatory option. The percentage increase for the mandated policy option would be from 19% to 60% of the associations represented. That would be a dramatic change in policy. Observations of CPE policy in the 1990s suggest there was certainly a slow but gradual movement towards the mandatory option.

Two other observations are made on the survey data. The first is that the link between mandatory CPE and licensing and re-licensing that may have been important because of the North American experience was not evident in the Australian data. There was some evidence that professions in ASCO's Minor Group 3 that required certification at that time were moving towards a mandatory position, but there was also a trend towards MCPE in Minor Group 7 in which there was no requirement at that time for practitioners to be licensed. So there may have been some link with re-licensing but that may have been coincidental.

The other observation relates to the reasons for adopting a particular option. Reproduced below are the major reasons chosen by the responding professional associations from the two lists offered on the survey form regarding the reasons for their chosen stance. They are included not because they represent some level of validity but rather that the statements reflect the attitudes towards CPE and the types of goals that it was supposed to be achieving for the association and profession. Further, it is important to note that these reasons, though based on the literature on voluntary and mandatory CPE, were chosen by the association representatives as **their** reasons.

In summarising the Figure 2 options, voluntary option supporters stressed the importance of the principles that educators advocate in relation to learning as well as the supposed negative aspects of MCPE. Those supporting the mandatory option focused on its outcomes for them

and their profession. They stressed practical outcomes not problems in the process. Pragmatic and practical reasons were favoured more than the theoretical by practising professionals and association leaders.

Figure 2: Reasons for adopting a particular CPE policy.

<p><i>Major reasons for adopting the voluntary level of participation in CPE</i></p> <ul style="list-style-type: none">a. The ultimate responsibility for competence resides with the individual practitioner.b. No one can be forced to learn.c. Participation in MCPE does not guarantee competence.d. MCPE is not appropriate to the profession at this time.k. Centralised control does not necessarily enhance individual practice.m. MCPE will result in many members playing the points and hours 'game' rather than learning or becoming more competent.t. MCPE will be costly and time-consuming but will not necessarily result in more competent practitioners. <p><i>Major reasons for adopting the mandatory level of participation in CPE</i></p> <ul style="list-style-type: none">a. To gain the competitive edge on other professions.c. To stir the incompetent.f. Because of the increase in the rate of change.l. Because the profession's public image needs to be strengthened.n. Because to keep up-to-date should be part of the practice of every individual, not just a few.t. Because pre-service training is less and less capable of training practitioners for the changing nature of professional practice.

Source: Brennan, B. 1992, p.141.

The research project however illustrated another aspect of CPE. The following questions were raised in discussions about the survey with those who were responsible for 'organising' CPE within their profession. There were concerns about why the issue of a possible mandatory requirement on employers was included or why the issue of licensing practitioners was mentioned. But also of relevance were enquiries indicating that the association was uncertain about implementing an MCPE policy. What rules were required eg. what sorts of activities were to be accepted as CPE, what requirements were to be set eg. how many hours, or how was the association to know whether the members were fulfilling their obligations and how often do you check on members' participation, or what were the penalties for non-compliance, or what about appeals and the appeals' process? I was concerned at the range of questions posed as a bi-product of the policy research as to the 'readiness' of associations to conduct the MCPE program. On the other hand, they were prepared to seek advice and were asking relevant questions. The headings under which

MCPE is examined in Chapter 5 cover questions raised at that time.

As an ongoing comment, it is noted that the fact that I was being asked these questions at this time was evidence of the lack of cross-professional communication of ideas or of sharing problems. That was another reason for conducting the research and publishing its results.

What had the research shown? The professional associations, not government educational departments or university faculties, had generally reached the conclusion that the issue of their members' participation in CPE had been resolved in favour of MCPE.

The following section of this chapter describes problems faced and solutions proposed for the setting up an MCPE program in two professions. The examples report issues symptomatic of the concerns faced by other professions.

Two early MCPE adopters

The Australian Society of Accountants (ASA) and Law Society of NSW (LawSoc) were early adopters of MCPE. These two examples demonstrate the difficulty for the writer in presenting a cross-professions' picture of MCPE development but they also illustrate problems the associations faced in making the MCPE option work in their profession.

The first example is about accounting but not the whole profession. There were three associations in the profession: ASA, the Institute of Chartered Accountants (ICA) and the National Institute of Accountants (NIA). They separately developed their own MCPE policy and practices. There is also a limitation in the legal example. The focus is one state, NSW, because each state's legal profession was organised from the authority of its Supreme Court. Also the legal profession recognised three occupational groups, judges, barristers and solicitors. The Law Society's responsibility related to solicitors, the profession's largest group.

The ASA clearly acknowledged the importance of CPE in the 12 years since its first identified 'professional development' activity in 1968 (McKeon 1978). This recognition was indicated in the Society's initial decision to recommend to its members a level of participation in CPE, the second option. By 1980 a scheme was set up of voluntary reporting

of CPE activities with a recommended minimum of 120 hours for the triennium (Singh 1990, p. 69). In 1983 5% of the membership obtained the compliance certificate for the appropriate level of CPE participation in the triennium. That level of response was considered unacceptable. A Task Force was established in 1983 to set up a Professional Schedule with a mandatory requirement. After consulting members, financial controllers of the largest 100 companies in Australia and accounting students, the Schedule was produced and the mandatory scheme introduced in 1985 (Singh 1990, p. 70). One feature of the scheme was a new designation, Certified Practising Accountant (CPA) with a television advertising campaign noting that the new CPA was 'not your average accountant' (Singh 1990, p. 72). The significance of this CPA program was such that the association was re-named CPA Australia.

It is ironic that there was at that time in Australia no requirement for the registration of an accountant to practise, in contrast with the USA from where the term CPA was borrowed. But as ASA's Director of Professional Development commented, there was a trend towards government regulation of professionals to practise and continue to practise and that the trend once started was difficult to reverse (Russell 1976, p. 279). His fear regarding government regulations was not immediately realised and his plans for MCPE were successfully implemented.

By contrast the LawSoc scheme was focused on the registration of solicitors to practise, a right established by the Supreme Court and administered by the professional association. Until 1987, participation in CLE was a voluntary activity. However the LawSoc, which through the College of Law had been involved in developing CLE, became concerned that those practitioners most in need of CLE seldom attended such activities (Nelson 1990, pp. 56-57). As Edwards observed (1985, p.29), the fact that 16 states in the USA had adopted a MCLE regime, some for more than 10 years, had influenced the NSW decision. A commission was set up to develop a mandatory system and the resulting Report (Fox 1985) linked the renewal of the practising certificate with the completion of MCLE. The individual solicitor was required to provide a statutory declaration concerning their completion of the required units. Later however evidence of this participation was required.

The scheme, unlike that of the ASA, was directed to all solicitors. The scheme, like that of the ASA, was hardly a policy in terms of professional and educational standards.

For the accountants there was the ASA CPD Recording Compliance in their journal *The Australian accountant* (August 1984) and for the solicitors *The practitioners' guide to mandatory continuing legal education in New South Wales*, produced by the LawSoc's Mandatory Continuing Legal Education Board (1986). The program for solicitors was enshrined by amendment of the Legal Practitioners Act, Section 71 (1987) that enabled the Law Society to establish the MCLE scheme, while the CPA title was not supported in legislation.

When the guidebooks for the mandatory programs for these two professions are read, the language of the publications emphasising clear instructions is evident. Issues of principle are absent: the rules are explained in language the practitioners will understand. In educational terms, they are not policy documents, rather DIY handbooks. How different was MCPE from other educational provision!

The questions I was asked by CPE providers as part of the 'policy' research project, eg about how to make MCPE participation operational, are explored in the following discussion. The details of the regulations illustrate the evolution of policy and practice from its 1985 origins. Examples of the early rules are noted and changes described, as the associations learned from experience. Their experience was similar to that reported by the older practitioners: the associations 'learned from practice', actually running the MCPE program. Their experience in beginning to offer a CPE program was useful in developing this next stage. Towards the end of the period in 2010, technology played a major role in managing MCPE for practitioners and 'educational' matters were recognised in association decision-making.

Promoting and developing the mandatory program is an important stage in CPE's emergence. Its importance had been recognised by the professions and their associations but not necessarily by other areas. Policy development was demanded as various forms of CPE defining different levels of practitioner participation were explored. As usual for CPE, developments occurred on a profession by profession basis so generalisations are difficult. One reason why conclusions are difficult is that there were few writers at that time commenting on CPE across professions. Nevertheless it seems important to attempt to make some general comments about the period from the mid 1980s to the 1990s.

Australia appears to have followed the USA as Australian practitioners accepted MCPE, as Houle (1980, p. 284) and Phillips (1987, p. 1) had pointed out in the USA. Nelson was

prepared in 1987 to assert that in Australia MCPE was a *fait accompli* (1987, p. 22). But his follow-up comment is perhaps more important. He stated that the current goal was to make the MCPE programs “worthwhile learning experiences for participants' and recognise the practitioners as 'adults learners'” (1987, pp. 22 & 23). The degree to which that goal was achieved in the 1980s, 1990s or even the current decade may be questioned. Is Nelson suggesting this was another 'missed opportunity'? Leaving aside the question of how successful MCPE was in this period, what is evident is that the way MCPE was organised and delivered became more sophisticated as the associations gained experience.

To address questions about making MCPE 'work', reference is made again to the ASA and the NSW Law Society. It is important to be reminded in the cases of the accountants and solicitors that the initiatives they took in the mid 1980s were based on the USA's experience with mandatory regimes in their respective professions. That experience would have suggested guidelines and regulations and USA models were no doubt consulted in developing Australian practices. Nevertheless, the Australian MCPE rules needed to be appropriate to local practice and traditions of the profession and association as well as the context of the profession's practice, and that context was subject to ongoing change.

The purpose of MCPE was very clear to its promoters: to raise the standards of their profession and members to attract clients and ward off competing professions and occupations and impress those who needed to be convinced that professional associations were capable of regulating the affairs of their profession. Note the reasons to justify MCPE in Figure 2 above. So the associations needed to prepare materials to explain their MCPE proposals so that members, CPE providers, the public (including their clients), governments and regulatory agencies were aware of what was proposed and what it would achieve.

Underlined is the point that the organisation managing this operation was the professional association, not a government department or agency.

The most important group to be informed were the practitioner members. They needed to know the requirements. That often depended on their particular status within the association and profession. They also required details of 'acceptable' and 'unacceptable' activities. As time is important to professionals, the members required information on the time implications of the system, for what period the regulations covered, one year or three, to

what time periods needed to be allocated to MCPE activities. Other important information for which decisions had to be made referred to the means by which MCPE compliance was to be reported and the penalties for non-compliance. It was also recognised that frequent changes in regulations may be detrimental to the effective working of the scheme. Many practitioners were accustomed to CPE but MCPE was a different phenomenon and required a more organised, regulation-bound approach.

The ASA's guidance on its scheme to its members was published in *The Australian accountant* (August 1984) and appended to the paper presented by Farkas (1987) at UNE's 1987 CPE Conference. Clearly differentiated were requirements for different levels of membership with more required of those in Specialisations and those with Public Practice Certificates. The measuring instrument for their scheme was 'hours' and the requirement ranged from 60 to over 180. The time frame adopted for the scheme was the triennium, and hours could be averaged over three years. It was the responsibility of the individual practitioner to keep records and details of the activities. Members were not required to submit details of their activities although reporting for those in Specialisations and with a Public Practice Certificate was compulsory on a prescribed form each year. There was to be a random audit for these groups. However, the Society reserved the right to require members to furnish details of hours reported, and this was justified on the grounds that 'the Society may be obliged to demonstrate the validity of claims made to the community regarding the special status and capabilities of certain classes of members' (Farkas 1987, p. 34).

ASA also provided a list of ten types of activities described as 'acceptable' CPE (or PD).

Figure 3: List of acceptable MCPE activities for the ASA.

1. Congresses and Conventions presented by the Society
2. Courses, seminars, workshops, lectures and other PD activities presented by the Society
3. Meetings of discussion groups operating under the aegis of the Society
4. Appropriate developmental activities presented by the member's employer
5. Tertiary courses presented by educational institutions
6. Appropriate developmental activities presented by experts under the auspices of academic institutions, reputable commercial, educational establishments of other professional bodies
7. Researching and writing technical publications, preparation and delivery of technical papers other than those required to meet normal lecturing commitments
8. Service on research or technical committees under the auspices of the Society, other professional bodies or organisations
9. Programmed self-study, including self-study video or audio packages
10. Individual study

Source: Extract from *The Australian Accountant*, August, 1984, appended to Farkas,

M.G.C. Mandatory Continuing Professional Education, in Dymock, D. (Ed.). *Continuing professional education: Policy & provision*. Armidale: Department of Continuing education, University of New England. Pp 31-35.

The ASA approved activities offered variety and included more activities than those offered by the Society, although the Society was mentioned in the first three and activity 8, which it shared with other groups. The Society's provision was potentially a major beneficiary of the new policy.

A distinction was made for the Public Practice Certificate between 'structured' and 'unstructured' CPE activities. Activities 1-9 in the list above were 'structured' and 10 was 'unstructured'. Public Practice Certificate holders required 50% of their CPE to be 'structured'. The distinction introduced here carries on a question raised above. To what extent are the non-structured CPE events linked to the older custom of 'learning in practice'? In the new MCPE system was there any recognition of that activity that was formerly a key contributor to practitioners keeping up to date? Not apparently in the ASA list of priorities, unless it was hidden in Activity 10. MCPE was primarily about education, provided courses, not practitioner on-the-job learning.

The language of the list of approved activities was that of accountants not educators because the rules were for accountants not educators. The types of activities were not clearly defined (as expected by educators), leaving the possibility of arguments about what they really meant in practice. On the other hand, accountants would apparently have a clear understanding of – from type 6 – what 'reputable' meant.

Two points in the Society's list of regulations are noted because of their relevance for later MCPE developments in other professions. The first was that the Society had accepted that it would rely “on the members' integrity to comply with requirements” (Farkas 1987, p. 30). Later developments suggest that professional associations could not rely solely on their members' integrity in reporting MCPE. The other point was that the Society would not 'accredit external programs' (Farkas 1987, p. 30). This decision placed the responsibility again on the individual member to decide in what course to participate for their MCPE. This question remained a problem for some professional association schemes and various options will be examined below.

LawSoc adopted a different approach regarding their members' choice of their MCLE activities as they were 'approved' by the Society's MCLE Board (Nelson 1987, p. 21). Regarding general requirements, solicitors had to complete 12 CLE units over the year (as the practise certificate was renewed annually). One unit was obtained for each 60 minutes of participation in a program, eg a lecture or seminar, group discussion, watching relevant videos or writing an article. Activities such as professional reading were not accepted. This use of 'units' foreshadowed the introduction of points whereby hours were multiplied according to the perceived relative value of the activity.

CPE had progressed. From the supplementary activities a more formal program of provided education had developed and become CPE. The issue had arisen as to the central requirement of the level of practitioners' participation to be decided. The general consensus favoured the mandatory option and CPE became MCPE. There were however many questions to be answered and procedures to be agreed upon. These activities are the subject of the next Chapter that follows MCPE's development to 2010.

Chapter 5: Mandatory Continuing Professional Education – Development and extension

Introduction and outline

This chapter moves beyond the two early adopting associations into the development of MCPE across all professions from 1985 to 2010. This discussion reveals how over this period the associations addressed problems and sought to make their MCPE more effective and efficient. References are made to 18 associations.

Chapter 5 commences with an examination of the development of MCPE across the professions under eight general headings. Then following an observation on the use of the term 'policy', the major innovatory uses of MCPE for what are described as 'special designations' and 'specialisations' are noted – with attention in this chapter to the former and attention to the latter in Chapter 7. Then professions preferring delayed action with regard to MCPE acceptance and adoption are identified. The twin chapters conclude with a summary and conclusions.

Initially, this development is discussed using eight topics: measuring participation, evidence of participation, the audit of members, penalties for non-compliance, the cycle for regulations, what was 'acceptable' MCPE, from a single A4 page to on-line submissions and how the associations managed their MCPE. These topics (except MCPE management) are dealt with generally in the order in which they appeared or became important. The early topics cover the questions posed by association personnel when the MCPE issue was being discussed in the late 1980s and early 1990s and are focused on setting up a mandatory scheme. The later topics refer to the developments that feature problems faced but also improvements towards MCPE's increased efficiency. They also focus on 'educational' issues. As a whole however, the topics represent the associations' remarkable contribution to the development of MCPE. My varied, ongoing contacts with the professional associations – as detailed in Appendix I - provided many of the examples cited in this section. The anticipated outcome is that as these topics are examined the reader will appreciate how they were dealt with by individual associations at varying times over almost three decades.

Assessing participation – hours and points

The first area examines the measuring stick used to establish members' level of MCPE participation. The ASA scheme measured in 'hours'. A member complied by achieving over three years the required hours for their particular membership type. Hours have remained important in calculating compliance, as they are easily measured inputs to indicate participation, and participation was the factor being measured. However, as the system developed, hours were judged as too simplistic a measure. Was every hour of 'equal' value as in the ASA's approved activities? Was an hour spent preparing a technical paper equivalent to an hour listening to a lecturer? If the answer was 'no' or 'not sure', then accepting that all hours were of equal value was unjust.

Because of this perceived injustice, a formula was developed allowing members to convert hours spent at CPE into 'points' and points replaced 'hours' as the final measure of MCPE compliance. Not only was the principle that all hours were equal disestablished, but a differentiation in value was able to be ascribed to various activities. Therefore, one hour sitting in a lecture may be worth one point but one hour spent compiling a lecture may be worth two or more points. Also, distinctions were possible between the first delivery of a lecture series with each presentation hour receiving three points compared with subsequent presentations that received just one point per hour. Further, activities such as service on association committees were allocated a 'points' rating irrespective of the hours devoted to the activity as in ASA item 8, Figure 3.

Decisions about allocating hours or points were criticised as lacking in equity. For example, in some professions attending activities promoted by the association, rather than 'outside' organisations, earned 'double points'. But in doubling points, is the association able to justify that its CPE activity is twice as valuable as those offered by another agency? Possibly but with difficulty. In these ratings of activities, there may have been financial as well as ethical issues, as the associations came to rely on CPE-generated income. However, having assessed many practitioners' audit submissions, I became aware that these points' ratings may not always be appropriate or valid but the loadings were an improvement on unconverted hours.

There were continuing problems with the MCPE 'counting' process. One problem occurred whether hours or points were used: How appropriate was the designated number of 6, 60 or 600 (or any other number) of points/hours as the mandated amount of CPE to guarantee

practitioners' competence? Accepting some positive link between CPE participation and effective performance, what were the criteria for the original targets? They were probably guesstimation or the targets used by overseas professions (that were not necessarily any better than guesses). These educational targets should have been research-based but the evidence was not available. Practitioners may have expected their prescribed targets to be justified: that expectation was not fulfilled. While there were complaints from practitioners (eg noted in assessing CPE portfolios), the designated hours and points became the 'accepted MCPE norms'.

Reduced MCPE requirements were offered in most professions for members in special circumstances, eg. those choosing to work part-time for family or life choice reasons. Social workers who elected to work part-time but who were required to complete MCPE had a reduced target. AASW defined 'part-time' as working less than 30 hours per week and offered a reduction to 45 points from the full-timers' requirement of 75 (AASW 2006 CPE Policy, p. 9). These flexible arrangements demonstrated how MCPE evolved in response to members' actual practice conditions and illustrate how schemes originating within the profession, and not imposed from 'outside', responded to special or changing circumstances.

In measuring practitioners' MCPE participation, for attendance not learning was measured, hours were supplemented by adding points, requiring calculations and therefore complexity but also provided flexibility. The basis of measurement remained inputs, not outcomes, an 'inexact science' as hours and points rested on unsubstantiated assumptions.

The focus on inputs for assessment has remained an issue for MCPE. This unsatisfactory situation continued because, as Snadden observed, the methods of assessment may 'end up measuring the irrelevant because it is easier ' (1999, p.479).

Evidence of participation

The second development is evidence, ie of participation. As was the regular situation, professions used different terms to cover similar activities, eg. the Royal College of Pathologists of Australasia uses the term 'substantiation' (RCPA CDPD Manual, 2009, p. 16). The ASA and subsequent schemes required members to keep 'evidence' of their participation in CPE activities. Evidence proved their participation.

Initially providing evidence was easy. Most CPE activities were lectures or seminars and practitioners noted the dates, time and location of these events. Diary records were a major source of participation evidence in MCPE's early days. This record was appropriate because the individual practitioner's integrity was valued as fundamental to the scheme, as noted above by Farkas. But this sort of evidence was liable to error by design or unconscious mistake. It was a convenient way of maintaining, but also falsifying, records. Both the supporters and critics of the credibility of MCPE identified the crucial nature of evidence. So there was a change to 'third party' evidence. Practitioners in a health profession informed me that they used photocopies of receipts for the costs of a CPE event as evidence of their CPE participation.

The evidence question impacted on CPE providers. The custom of presenting CPE participants with a Certificate of Attendance, noting the person's name, program title, time, date, sponsor, and perhaps presenter, represented an example of third party evidence. The attendance certificates were not the same as, but perhaps prepared the way for, certificates noting participants' performance or learning outcomes. These Certificates demonstrated how MCPE evidence was leveraged towards practitioner 'inputs'. Awarding certificates is raised in discussing the Training Guarantee (Chapter 6). Differing approaches to providing evidence are noted below in discussing logbooks.

The audit of the process

Accountants were the trail blazers in Australian MCPE. A function linked to accounting became closely associated with MCPE as the need for scrutiny of practitioners' compliance records became significant. An audit became a regular feature of the process.

The audit consisted of selecting a random sample of usually 5% of practitioners (or those whose status or type of membership required MCPE). Those selected were required to submit documents within a certain time showing a record of their MCPE participation over a specified period, plus evidence to support the claims. The details of the nature and content of the practitioners' submissions will be noted below in discussing logbooks. Then an auditor, perhaps a member of the profession or an outsider, checked the records to ensure that the practitioners had performed in terms of the regulations for the relevant part of that profession's MCPE scheme. The auditor then reported on the audit. There were usually three sorts of audit results on individual practitioners: those who satisfied requirements, those who

did not and those for whom a decision was difficult to make or who needed to provide additional information or perhaps have an interview with association personnel. The auditor would also report on the audit as a whole. Then the association passed on the results to the complying participants and those 'failing' to meet the regulations were penalised. Finally, the association may release the results, comment on the scheme's achievements and possibly announce changes to the scheme's rules from recommendations in the audit.

In audits, the practitioner's anonymity became an issue. In the early audits, use was made of the practitioner's association membership number. The auditor, whether from inside or outside the association, was dealing with a person identified only by a number. The first audit I carried out was based on the practitioner's membership number, not their name. However, as the audit became more rigorous and required more evidence, the practitioner's name was revealed, eg through the name appearing on attendance certificates. Some associations and their members were concerned about the loss of anonymity in the audit. However others argued that this additional evidence was necessary to ensure the audit's credibility.

The audit was very different from the ASA's initial reliance on 'the integrity of their members to comply with the requirements' (Farkas 1987, p. 30). But the audit had also become more important as the schemes became more complex because of experience with the process and demands from profession-watchers for more precise data. In the first years of MCPE, an audit may, eg for the ASA, consist of adding up hours and making a quick check of the coverage of approved activities 1-9. However, with the introduction of points, the audit added calculation to the task, not solely simple addition. For example the member claimed 24 points for 8 hours for presenting a lecture series but was that the first presentation when that claim is appropriate, if it was a reprise of a series, then only one point per hour may be claimed.

In relation to the types of activities or areas of content required, there were also complexities. One reason was that the number and range of activities had increased since 1985, for example, internet-based activities and those associated with mentoring. Therefore in the AASW's regulations (Appendix to the 2006 AASW CPE Policy), where there are specific regulations relating to types of activity that must be covered in the year, 23 separate types of activities were listed. The activities were grouped under four headings:

accountability, skill development, gaining new information and knowledge and finally contributing to professional knowledge and practice. Members were required to gain a minimum of 10 points in the yearly cycle in the first 3 of the 4 categories within the overall total of 75 points. With the allowable number of points for each of the 23 activities varying (as in the lecturing item noted above) there was the calculation of the points for each entry/activity, then the addition of those points for each of the three required categories and counting the final total. The newer systems were more complicated for practitioner and auditor because of the growing importance of the audit and its complexity.

The audit also provided an assessment of the whole MCPE operation. Hard data were available on how many members were complying and non-complying. The audit also provided information on how well or how poorly the rules were understood, the degree to which they were misinterpreted and whether there were some groups for whom the rules created unsatisfactory situations. Those responsible for the MCPE operation had an opportunity to review policies and procedures in accordance with recommendations from the actual testing out of the system and individual practitioners in an audit. The audit was as much about the scheme as the sample participants.

The audit process also highlighted weaknesses in the MCPE scheme. In one organisation's audit with which I was involved, there was an *escape* clause. Those who received a letter informing them that they were in this year's audit were able to withdraw from the special conditions that doing the required MCPE bestowed on them and therefore from the audit. There was also the possibility that they could apply for those special conditions next year, without penalty. That escape clause was removed as a result of evidence in an audit report.

Crucial was the use made by associations of the audit results. Were those complying congratulated in a letter from the President or was success just expected of every member? Were their names listed in the association's newsletter or was a brief form letter sent out a long time after the assessment, informing them perhaps that they were not required for another audit for 4 years?

The audit was the public face of the MCPE schemes and those who reveal high CPE performances should be recognised. In the professional associations' monthly e-bulletins or on the website, those who comply with distinction should be commended. The term 'missed

opportunities' occurs many times in CPE's story. In this regard associations who fail to take full advantage of the opportunity to feature their audit high performers are missing an opportunity to promote their MCPE scheme and members.

One outcome of these MCPE programs (that was possibly not envisaged by those who proposed them) was that after a time the scheme could become very legalistic. Members challenged the rules, their interpretation and implementation. In meetings at association headquarters I was frequently involved in the discussion whether a member's interpretation of an MCPE rule may or may not be accepted, especially as a precedent. Decisions on specific interpretations became precedents and were used in arguments, sometimes lengthy and vigorously fought, between practitioners and their association. As the scheme changed regularly or became more structured, the importance of the interpretation of the rules and precedents assumed more significance. In arguments about, for example, the number of points required by a member who has been working only part-time for about half of the period covered by the audit, the system's goals became lost in detailed regulations and precedents.

As MCPE became part of professional associations' yearly routines, the potential value of the audit was not fully utilised. The audit was an opportunity to communicate with members, eg to gain their feed-back on aspects of the scheme. Two associations used the CPE audit sample to gain information. An NIA survey was distributed with the invitation to participate in the audit (Adams 2000 & 2005). This National Continuing Education Survey sought responses from members about features of their CPE and their ideas on issues related to the program and the responses were used to develop new policy guidelines. In the AASW, a survey was circulated with the audit invitation in 2002, seeking information from members on the planning circle, a method introduced into the association's CPE logbook: why they had or had not used the circle in their CPE or if they used some other method. Useful feed-back was gained by the association and several members responding commented that they appreciated being given the opportunity to participate in the survey. I had personal involvement with both activities.

I conclude from my own experience with the audit and discussions with association staff that the audit remains an important, but unfortunately underutilised, part of professions' MCPE schemes. The audit is able to service other aspects of the MCPE program beyond the

results of examining members' logbooks.

Enforcing the penalties

The MCPE schemes involved enforcing penalties associated with non-compliance to their regulations. There were wide differences in these penalties across professions, from a warning or counselling to the member being required to submit another return next year or having specific goals to achieve in that time or being denied the right to use a special designation. The harshest penalty was to have practice rights removed for a specified period.

The extent of the announcement of these penalties was a sensitive part of the process. To whom should the penalties be proclaimed? As many professionals offer their services to the public, then a 'public' announcement of failure in the audit process and resulting inability to practise should be publicised so that potential clients may be aware of the restriction. Association personnel argued that a MCPE scheme was only as useful as the awareness of penalties and their application. Decisions on how and where the penalties were broadcast were significant for the scheme's success.

Appeals' processes for those penalised for non-compliance were a necessary part of MCPE schemes. However, gaining information on this aspect of associations' schemes, eg. the distribution of the details of penalties and details and outcomes of appeal procedures, has been difficult. That is a surprising outcome because the schemes' effectiveness may be determined by the degree to which stake holders are aware that the scheme's penalties and appeals were effectively administered. MCPE programs should not be able to be accused of denying information to those who need to be reassured of the programs' efficient working. In addition, because higher expectations are being placed on the contribution of MCPE to effective professional practice, the need for the provision of frequent, reliable data on MCPE operations increases significantly.

The assessment cycle

One important change in MCPE regulations has been a reduction in the length of the period over which a member was assessed. In the original ASA scheme and the early programs for engineers, the cycle was three years, although in some cases there was annual reporting. The triennium has been reduced in most cases to one year. Initially the proposed MCPE program organised by the AASW was to work over a triennium, ie in 1997, but by 2005, the term had

been reduced to a single year. Reasons offered to me by association officials for the reduction stressed the varying patterns of employment, especially for younger professionals who changed their locations and employers frequently. In many professions the association's National Office re-focused on an annual MCPE cycle.

What was 'acceptable' for the MCPE program?

The next topic relates to the lists of activities or types of learning deemed 'acceptable' or 'required' within the profession's MCPE. Contributing to this development were changes in the context of practice, new educational technologies and the associations' experience in administering MCPE.

This development may be tracked by noting how the list of approved activities, eg ASA in Figure 3, evolved into two specific areas, concerned with methods of instruction/learning and the content of these activities. There were also new rules that indicated how these activities were to be recognised and counted in the program. There were also observations of how this emphasis on content **and** methods improved the MCPE program.

One area demonstrating this development was the acceptance of less formal types of 'study' as approved MCPE. In the ASA list, the tenth and final approved area was 'individual study', ie. 'informal study undertaken on the member's own initiative' (Farkas 1987, p. 33). In the notes that accompanied the list, the ASA also indicated the percentage of 'structured' and 'unstructured' CPE activities that was acceptable for the Public Practice Certificate holders namely 50% only as 'unstructured' (Farkas 1987, p. 33). Therefore, the older style practitioner initiated learning was to fill just half of the MCPE quota for this type of accountant. Also the term 'learning from practice', associated with the four older professionals before there was an active CPE program, appeared to be receiving no recognition. As MCPE developed, there was initially a movement against the less structured approach represented by learning in practice and practitioner initiated learning for provided CPE. Note Scanlan's definition of CPE (1880, p. 55) stressed a wide, inclusive view of acceptable activities. Comments in the discipline review of the legal profession, quoted above, represent the point of view in the mid 1980s that what was desirable was provided education. However, by the late 1990s, the associations tended to accept less formal, 'unstructured' learning into MCPE's approved category.

Physiotherapy's movement towards MCPE was slower and more consultative than many

other professions. The Australian Physiotherapy Association (APA) issued its *Professional Development Portfolio* in 1998. The document listed a Range of Activities (1998, p. 5) in the tradition of emphasising the members' learning style rather than the content. Six 'formal' methods were listed: courses, work-based contracts, conferences and seminars, undertaking and presenting research, degree and higher degree courses and making presentations, followed by a longer 'informal' list which accommodated activities using new technologies. The 12 activities included: reflecting on day to day activities, inservice programs, reading journals and research papers, attending clinical and occupational group meetings, secondment or contact with other physiotherapists, quality assurance activities, committee representation, public relations activities, community participation (talks and voluntary activities), computer aided learning, watching videos and discussion groups (chat room via internet). This list is more extensive in what are defined as 'informal activities' than the total list from ASA in 1985 (Figure 3). A dramatic change is evident in just 13 years!

Each association developed its rules about acceptable activities because it understood its profession's practice. The result was beneficial to both members and the schemes. In social work practice in Australia, supervision was accepted as a major element. In listing accepted MCPE activities for social workers and also which of these activities must be covered in the member's MCPE program, supervision received special attention. In the AASW's CPE Policy Statement (2006) the first compulsory group of activities noted was Accountability for which 10 MCPE points were required and included 6 types of activity, five of which were types of supervision/consultation, providing and receiving supervision for example. The sixth item, a recent addition, was mentoring (AASW Policy Statement 2006, p. 13). The points allocated to the various types of supervision, consultation and mentoring ranged from 1 to 2 points per hour, while the supervision of social work students was rated at 10 points per student with a maximum of 20 points per semester (AASW CPE Policy Statement 2006, p. 17). These arrangements introduced a degree of complexity into recording member's CPE but the planners assured me that the system recognised the differences between the individual practices of members and their levels of experience.

An area of significant change was the delivery methods available to practitioners. The ASA list (Figure 3) in point 9 mentioned audio and video packages. However in the 1990s and into the current century, the range of methods of CPE's delivery exploded. In Chapter 10, the use of technology in professionals' learning is explored further. Noted here is the fact that

associations came to accept and support CPE delivery via these new modes. In general, however, the expansion of the methods of CPE delivery grew more quickly and they were accepted by practitioners more readily than most associations were able to cope. MCPE advocates did not realise the potential impact of technology on their provision.

The examples of physiotherapy and social work illustrate how a more comprehensive and inclusive view of 'acceptable' MCPE and classification of approved activities was able to be organised and adapted. In the new century the resourceful practitioner asks the dual question: "What do I need to learn and how will I do it?"

From the diary page to the log book

The second last development examined became the symbol of changing MCPE schemes, the log book. It represented the scheme from individual practitioner to the completion of the audit. The log book story began with the ASA A4 recording sheet and a book-based diary and extended into the current century to a system of on-line recording and assessment and electronic transfer between the practitioner, the association and the auditor. Faxing and posting hard copy MCPE materials and data are generally being replaced. The electronic transfer of MCPE data has become the dominant, but not yet the sole, means of communication.

In professional practices in the 1980s and 1990s, computers became an integral part of professional practice and a personal vehicle for communication and recreation. A parallel development was that computer-based and more recently telephone-based technologies became central to managing MCPE for practitioners and associations.

Older practitioners, particularly in the accounting and legal areas, informed me how in the 1980s their own personal desk-top diaries (ie on a wooden desk not a computer) were significant for their MCPE, as they recorded CPE activities in their diaries along with other information, eg. clients' appointments and meetings with colleagues, or details of court sessions. MCPE activity was just an added item to the list. The diary became a central MCPE record. The transfer to the A4 sheet was easily incorporated into normal practice and the diary provided a link between the single page recording sheet and the CPE log book.

The recording sheet provided for NIA members in 1998 required them to indicate their

contact details, their 'type' of membership (eg Fellow or Member) and then in columns information on the date, details of the CPE activity and the number of hours claimed for each event and as a total. No signing of the document was required and it was only to be submitted if requested (National Institute of Accountants 1998). The sheet represents the simple recording before extensive information and calculation were required. Older practitioners likened these new sheets to the old 'Happy Sheet', used for evaluation and noted in Chapter 10.

The global dimension of CPE is evident in the adoption of the electronic log book and learning portfolios. The acknowledged initial reference is the Maintenance of Competence Program developed for the Royal College of Physicians and Surgeons of Canada (Parboosingh & Condocz 1993 and Parboosingh 1996).

Technology contributed to making the MCPE audit process easier for all involved. As a first step, associations developed logbooks that were an upgrading of the single A4 page. There were additional columns seeking more detail of the activity, what type of activity (in terms of categories such as the ASA list of 10 accepted activities), how many hours and later points were claimed and then possibly the practitioner's signature testifying to the validity of the entry.

So the one page NIA sheet grew to become a booklet or log book. These log books developed in style, design and complexity. They were a service provided to members but also an opportunity for the association to include in one booklet the current rules and regulations on the accepted and required categories of activities and the number of points/hours able be claimed for individual activities. Some association logbooks also provided assistance to members to increase the value of their CPE activities, eg. guidance on how to respond to problems identified in the member's practice.

Several associations provided information on what came to be called 'the learning or planning circle' as a guide to the member's decisions about their CPE.

AASW's first logbook was offered in 1997.

These logbooks were initially prepared in a printed format but are now available on-line. The practitioner's MCPE activities may therefore be recorded on-line and the on-line

logbook transmitted electronically to the association's headquarters for audit if the practitioner is in the audit sample. Practitioners came to accept computer-based activity in their professional practice, practice management and participation in CPE activities, and computer-based logbooks for the MCPE process became a natural extension of their day-to-day practice.

Figure 4: Table of Contents for the AASW Logbook 2002.

<p>Policy Introduction The Principles of Continuing Professional Education Definitions The responsibilities of the AASW CPE Points Accountability Skill development Getting new knowledge & information Contributing to professional development & practice Guidelines and application form for appellation of CPE activities Commencement of AASW Continuing Professional Education program</p>
<p>Appendix 1 Table of CPE Points The Planning Process Analyse Reflect on your practice Formulate goals Determine activities Record activities Evaluate CPE Logbook Contact details</p>

Source: *Continuing Professional Education Policy, Planner, Logbook* 1 July, 2002-30 June 2004. Canberra: AASW 2002

As with all innovations, there was some reluctance by members of some professions to complete the original A4 record sheets. That opposition gradually disappeared. There was also reluctance initially to complete the log books. I became involved in assessing audit responses from members in MCPE programs in the late 1990s. Of the audit samples – from 80 to 200 practitioners – there were always a few who objected to the requirements of completing a log book but there was usually a completed log book submitted with the protest.

In the changeover from the hard copy to on-line log book, there were often problems. But these were of the technical kind as much as those stimulated by opposition to the process. Sedlak-Weinstein, Weinstein and Garland (1999) described the Royal College of Pathologists of Australasia's experience with their Fellows' reportage of their CME activities. They developed both a hard-copy and on-line instrument. There were problems with Version 1 of their Continuing Professional Development Program (CPDP) Diary in its on-line format. Fellows complained that there was insufficient time to complete the Diary, that the electronic Diary was not felt to be user friendly, that installation was difficult and that the Diary was cumbersome to use (1999, p. 127). As a result of these concerns a Second Version was developed which was, in the view of the designers, superior to the earlier model. There were expectations of up to 80% usage by Fellows of the Diary by the end of the first year, and that was achieved.

Also a significant feature of the reporting system associated with this Diary was that peer comparisons of performance were able to be developed. As this part of the on-line operation was improved, three reports were able to be generated from the on-line diary: a Certificate of Participation, a transcript of educational activities undertaken and peer comparison data – by discipline and by the whole cohort. This use of the reporting process associated with the on-line diary was valuable for the profession as well as individual practitioners. Ten years on, the CPDP continues and from reading the 2009 Manual there is evidence of the development of the program as a result, according to the Chair of the Board of Education, in consultation with the members (RCP, CPDP Manual 2009).

Overall the introduction of log books for their members was a demonstration of the ways in which MCPE policies and practices were developed and fine tuned and eventually used in achieving tasks some of which were not envisaged when the logbooks were designed.

The most important column in the CPE logbook perhaps became that headed 'Evidence', ie the proof of the practitioner's participation in the activity. There was the option in some logbooks for the member to sign their initials in the logbook next to the activity indicating their participation. However, a signature was not always accepted as in the Law Society of NSW regulations and a statutory declaration was required of the solicitor as evidence of their CLE participation (Nelson 1987, p. 21). In some professions, such as social work, in

which supervision was an accepted part of their practice, the supervisor recorded his or her signature for each item of supervision claimed, an example of peer confirmation. As the demand for greater accountability was recognised, more documentary proof was required, eg a certificate of attendance, the receipt for fees paid or a computer generated record from the employer's Training Department. In the audit process, the computer-generated logbook came to be supplemented by a folder of documents providing the evidence of the member's attendance.

The demand for additional evidence reflected the concern that in the view of the public, profession watchers and regulatory bodies, the credibility of the MCPE process was eroded without documentary evidence to support practitioners' claims. That concern cast doubt on the practitioner's credibility, an important assumption when ASA launched their program.

But the issue of evidence for MCPE participation in members' logbooks raised a larger issue. The process as assessed in the audits relied solely on the practitioner's evidence of inputs, namely the member's participation hours. The sponsors and promoters of MCPE claimed that these inputs when appropriately maintained provide a guarantee that the performance of the individual practitioner will be satisfactory and less prone to offer risk. The counter claim was made that the more logical means of assessing that performance would be to examine the outputs or outcomes of the CPE activity, ie the learning, the new skills, and/or the change in attitude and the impact of that learning on practice. Providing evidence of the outcomes gained from the CPE activity was a different task from having a receipt indicating practitioner's attendance. This significant change to the MCPE process, associated with more complex assessments, is discussed in Chapter 10.

The important consideration that should be associated with these activities is that they were designed and carried out by staff at the professional associations. They were not 'educational trained personnel' but they contributed to the on-going development and improvement of an educational program that by the late 1990s when the MCPE policy was well established, the number of professionals participating in the program may have reached 1 million. MCPE had become a substantial educational program.

Managing the MCPE scheme

The final area in MCPE's development from the mid 1980s to the current century is that of

the organisational structures the associations adopted to manage their MCPE program. While this topic is of general interest as an element in MCPE development, it has particular importance in current discussions. CPE is part of professional education. Professional associations became involved with professional education as it developed in the twentieth century. This Chapter has suggested that initially policy developed by the professional associations for CPE and then MCPE was concerned less with the 'educational' dimension of CPE than with operational aspects of MCPE or income generation. If CPE was to become an integral part of professional education, if the experience and insights gained from the administration of CPE were to benefit the profession and the understanding of its practice, then how MCPE was managed within the association may have advanced or reduced the possibilities of CPE influencing positively their professional education as a whole. Was the profession's MCPE authority an integral part of the association's educational structure or an unattached committee?

The ways chosen to manage MCPE may have contributed to, or restricted, the success and effectiveness of the program. That issue is not explored further. Rather a question is proposed: To what extent did the association's structure chosen for MCPE policy and provision contribute to integrated policy relating to its professional education for its members, ie those entering from university to those preparing for retirement and those entering with overseas training?

The two associations identified as the pioneers of the policy adopted different management approaches. Law Society set up a special agency the Mandatory Continuing Legal Education Board (Nelson 1987, p. 21), while the ASA managed their program within the existing structures set up for CPE.

Though generalisations are not confidently proposed regarding CPE, I observed after reviewing developments retrospectively that there were two options for the associations in managing MCPE: those adopted by the Law Society and ASA, to have MCPE administered as part of the general CPE program or set up a separate entity for MCPE's management.

How MCPE was used by the associations

Before addressing the uses made of MCPE by the associations, comment is offered on the use of the term 'policy' relating to MCPE. Professional associations, compared with

educational institutions, used the term 'policy' in different ways. The latter focused on matters of principle, ensuring terminology was consistent and accurate, that assumptions were carefully explored and the value of alternative strategies assessed. The professional associations explained that on MCPE they knew what they wanted, and repeated the arguments proposed in Figure 2 favouring MCPE. Their 'policies' were basically 'operational mechanisms' because they were concerned exclusively with the way MCPE was to be implemented. The first seven topics dealt with under the eight 'developments' were all parts of the associations' implementation program. However, when developments such as specialisations or new designations were raised as noted below, attention was given to principles, assumptions and alternative strategies, the natural approach of traditional educational bodies. These changes reflect the associations' growing appreciation of MCPE and the experience gained from conducting the program. They were initiatives from the associations to respond to changing conditions in professional practice and they developed from their experience with CPE and its mandatory form. Governments and higher education institutions played a negligible role in the introduction of specialisations and special designations.

An arbitrary distinction was made in the discussion of designations and specialisations. Although MCPE was important for both, its role in the new designations is noted in this chapter and for specialisations MCPE's role is discussed with competencies in Chapter 7.

The success of MCPE was originally based on the assumption that public acceptance of its value would depend on the participation of **all** practitioner members. Over time however, MCPE did not provide the associations with demonstrable evidence that all practitioners were participating. The consequence was that in some professions there was a change of emphasis. The ironic outcome was that MCPE was not more strongly directed towards ordinary members' participation but rather special members, and certainly not the laggards the original targets. The new target for MCPE was not every practitioner but rather those who appeared to desire recognition of a higher level of performance in practice.

This changed emphasis raised questions. Was the re-direction of MCPE towards high performers evidence of its failure for all practitioners? Was the goal of MCPE for all not achievable or not worth the effort, and the hours potentially spent in tribunals to enforce universal MCPE? What sort of assessment does that change make on the claims promoted

by MCPE's initial promoters? Answers to these questions are not offered at this point.

What happened without fuss or fanfare was that there was a new role for MCPE within professions. That perception was partially inaccurate. The original ASA program was not designed for all the members, but specialists. The new designation, CPA, was central to ASA's proposal and the focus of extensive publicity. Later, from the 1990s into the current century, professional associations have used MCPE, together with other requirements and conditions, to establish a series of special titles or designations for their members, most of which were 'new'. Figure 5 lists these designations.

These new designations were additional to titles already used in the associations, eg. from student to provisional to full member to fellow and perhaps life member. In many professions these levels of membership allowed the holders to use post nominals, capital 'M' for Member and 'F' for Fellow followed by the initials representing the association. Rules were established for entry to, and maintenance of, the right to use these post nominals but MCPE was generally not included. This older hierarchy of titles was linked to the associations' role of controlling the profession and rewarding members who were perceived as 'good association members'. In most professions the older titles remained. MCPE was generally not linked to these titles, though this link was part of some of the older style of titles in UK professions (Friedman 2012, p. 119). The new sat beside the older titles on the business cards and letter heads of members of Australian professions.

In those professions in which these designations were created, their purpose was to recognise and acknowledge a higher level of performance among general practitioners, as distinct from specialists.

These new designations are relevant in this discussion of MCPE because participation in CPE was a requirement of these titles. In Figure 5 the only profession in which MCPE was not required was adult education as the sponsoring association, Adult Learning Australia, did not at that time conduct a CPE program

Figure 5: Special designations and MCPE

Profession	Professional Association	MCPE Y or N	Designation
accountants	ASA	Y	CPA Certified Practising Accountant
agriculturists	AIASST	Y Y	CPA _g Certified Practising Agriculturist AgCredited
social work	AASW	Y	MAASW Accredited Social Worker *
occupational therapy	OTAustralia	Y	AccOT Accredited Occupational Therapist **
dietitians	DAA	Y	APD Accredited Practising Dietitian ***
adult educators	ALA	N	MALA Professional membership ****
engineer	IEAust	Y	CPEng Chartered Membership
computing	ACS	Y	PCP Practising Computer Professional CMACS CFACS
librarian	ALIA	Y	CP Certified Practitioner Associate Fellow AFALIA(CP)
mining & metallurgy	AustIMM	Y	Chartered status
physiotherapy	APA	Y	various eg APA Neurological Physiotherapist APA Sports Physiotherapist
podiatry	APC	Y	APodC Accredited Podiatrist
veterinarians	AVA	Y	CMAVA Chartered Member AVA

* AASW has introduced a College of Social Work with Master & Fellow levels.
 ** Designation withdrawn July 1, 2012.
 *** Also Advanced APD .
 **** In 2012 the MALA designation was under review

Sources: Websites of the relevant professional associations.

As these designations were introduced by the associations to demonstrate how the

appreciation of the role of MCPE had developed as a result of the professions' experience managing the schemes, what is also relevant are the requirements associated with MCPE to ensure the practitioner was, and continued to be, a higher level performer in the profession?

A common companion requirement related to values, ethics and standards. Practising according to the profession's Code of Ethics or at the appropriate level of Professional Conduct was included in the brief for the APD, AccOT, PCP and CPEng, while the MALA title required signing a document indicating support for the “organisation's objectives”. Ethics and the codes are discussed in Chapter 11.

In some professions, the support of referees was required, three in the case of the CPAg and two for the MALA. Gaining the designation in two professions resulted in the names of the members being placed on a national register, ie for AUSIMM and APD. In two of the designations, peer support in gaining the award was promised, for the CPA and APD. The podiatry designation allowed the holder to practise in New Zealand. From profession to profession the requirements and allowances varied.

For some special designations, the relationship with Medicare was important, and MCPE played an important role. The designations demonstrated that they could be used to provide a response to national government regulations. They also illustrated a lack of coherence between the varied arrangements established within different professions.

Medicare was initially linked to medical practitioners but extended to other health professions. In a document headed 'Eligibility criteria for allied health professionals providing medicare services' (Medicare 2007), four different types of eligibility were noted. For some professions registration at the state/territory level was sufficient, eg osteopathy, chiropractic, physiotherapy and psychology. That registration may or may not have required CPE. For two others, dietitians and social workers, the requirement was the special designation noted above, ie APD and MAASW, and that included MCPE. Membership of the professional association was required of audiologists and diabetes educators, while state/territory registration **and** professional association membership were necessary for speech pathologists. MCPE was central to some requirements for gaining the Medicare provider number but not specified for other professions.

With respect to Medicare involvement, competency in specially developed competencies relating to mental health was necessary for social workers and dietitians, is discussed in Chapter 7.

Why were these new designations established by professions? There were the traditional titles, why add a new one? The reasons are primarily profession-specific but I propose a tentative general answer. MCPE was accepted but had not achieved the hoped-for level of recognition among clients, regulatory bodies and profession-watchers that all practitioners were efficient and responsible. What was the conscientious practitioner who had dutifully completed their MCPE gaining from the MCPE regime? Perhaps the ASA had been correct to focus their MCPD on the new CPA designation. Rather than devoting resources to trying to 'lift the performance of the laggards', a thankless (and hopeless) task, was a preferable response to recognise those who were prepared on their own decision to 'go the extra mile', keep up to date, be responsible and ethical? The answer appears to have been in the positive because the new designation programs were not aimed at the beginner or the 'senior Member' but those who were seeking to 'do better'. The designations therefore were focused on the potentially higher performing majority rather than the laggard minority, MCPE's initial target. My contacts across the professions in the late 1990s gave evidence of a degree of restlessness among younger practitioners that their careers were not progressing.

The new designations illustrate how the associations' control of MCPE policy allowed them to establish the designations and use them for a variety of purposes. For example, the Dietitians Association of Australia (DAA) has used the APD designation in promoting the services of these advanced practitioners to potential clients. On its website (<http://www.daa.org.au>) clearly indicated on the home page is the information for clients: How to find an APD. In addition within the association a strong emphasis has been placed on the APD, so the APD is promoted within and outside DAA.

The adoption of these new designations from the early 1990s to the current century also shows how a particular phenomenon may be adopted by the associations at different times in their development and used in different ways to suit the special characteristics and changing needs of the profession and association or new demands from external sources such as governments. 'The one size fits all' approach is shown again to be of limited relevance to professions and their associations.

Again, there is the difficulty generalising across the professions. For example, the new designations in mining and metallurgy and dietetics allowed the practitioners with the designation to be included on a national register. For engineers however a different process was required. To be placed on the National Professional Engineers Register, a different set of guidelines and forms were required, different from the CPEng designation (Engineers Australia 2002).

Establishing the new designations signified two factors about the associations and CPE policy. The first was that they were prepared to modify the target for MCPE as they recognised changes in the perceived status of their members within the community. Also the focus on the high performing practitioner provided the opportunity to develop CPE that recognised the research on the novice to expert practitioner and their different learning styles. That opportunity was unfortunately not taken, another missed opportunity.

The introduction of these designations - with their MCPE requirement - offers a significant example of the ways in which CPE's development was different from other types of educational provision. There was no legislation on this matter: a major national conference did not consider this development: there was no agenda set for establishing these new designations: there was no survey of practising professionals on this question. Individually professional associations decided to introduce these special designations for a range of specific 'domestic' reasons or to respond to changes initiated by Governments eg Medicare. Parallel innovatory processes were rare in other educational sectors.

These designations reveal another factor evident in the context in which CPE operates. Nothing lasts for ever. In email correspondence with AIAST regarding the CPAG designation, the CEO Diana Melham advised that the AIAST Board had resolved to conduct a review of the program in 2010 (Personal communication, 02/06/2009). The AIAST website (aist.com.au, 2011) announced a 'new' designation, AgCredited. The new designation which emphasised competence in specified competencies was also linked to a credit award, a diploma. This is an example of associations reviewing and, if necessary, changing or terminating their designations.

As a follow-on comment to the AIAST example, there do not appear to be reports indicating

how these designations are impacting on client ratings of the performance of those who claim the new designations. That omission contrasts with the evaluation of the program developed by the Law Society of NSW for specialisations among solicitors in which clients were unaware of the Specialist Accreditation program. That evaluation is discussed in Chapter 7.

Delayed adoption and acceptance

In describing how MCPE was accepted, developed and improved, many professional associations have been discussed. They generally followed a smooth path of adoption and acceptance. Some associations were slow to introduce MCPE for various reasons. Two reasons for the delay are noted.

In the first instance there was the registration problem. For some professions there was a registration regime at the state/territory level, as examined in Chapter 9. These state regimes had regulations that differed from one another, creating difficulties for some professional associations nationally. The National PD Director of the Pharmaceutical Society of Australia (PSA) explained the situation for pharmacists (Bill Kelly, personal communication 08/09/1997). The PSA National Council in 1997 supported the MCPE policy in a motion of agreement in principle. The PSA was unable to impose such a regime: the state registering bodies had the legal authority to require MCPE as they were responsible for registering pharmacists. Obtaining agreement across state borders however was very difficult. Without the threat of cancelling a member's right to practise, MCPE was not powerful. State registration bodies were a hurdle for advancing MCPE in some professions.

A second reason for slowing down MCPE's adoption was other policies of the professional associations. For example, the Australian Institute of Mining and Metallurgy (AusIMM) accepted the value of MCPE but decided to delay implementation until it had completed the creation of a level of 'chartered status' within the profession, as proposed in the Institute *Bulletin* (Reynolds & Pollard 1994). The situation was ultimately resolved. The outcome was that those in AusIMM whose membership was defined as Member or Fellow were able to apply for 'chartered accreditation' and CPE participation was linked to this accreditation (AusIMM 2009). The association developed a more considered and integrated MCPE policy by delaying its adoption.

There is also the question of how broadly CPE and MCPE have been accepted by the practitioners. While those in the associations have promoted the broad acceptance of MCPE across professions, there is contrary data on psychology's uptake of CPE. In 1993 only 24% of APS members had attended some sort of CPE activity in that year (Cooke 2000, p. 211).

Summary and conclusions

From seeking resolution to the problem of ensuring their members' participation in CPE in the mid 1980s to the initiation of national programs for the registration of select health professions in 2010, CPE had changed and become MCPE. The development of CPE during that period focused – as reflected in the structure of this chapter - on MCPE. There were arguments about the options for members' participation and the acceptance of the mandatory option, then the adoption of MCPE by two associations. There followed the examination of seven developments that were all focused on making MCPE regimes more effective, overcoming problems or using new technology. This part of the CPE's tale from 1985 to 2010 was primarily about MCPE.

This part of the tale also involved a change in the primary target for MCPE, from the litigation-prone practitioner to those who saw themselves as high-profile general practitioners or specialists. As a result, MCPE may have been retained for the ordinary members but became a major part of the process for association members who set themselves as 'specialists' in the profession (see Chapter 7) or practitioners with special designations.

The key agency in this developing process was the professional association. The identified changes illustrate how individual associations developed their MCPE policy. But it was not the traditional 'educational' policy, ie based on surveys or evaluations. Rather 'policy' changes were about solving problems and doing it 'better'. It was assumed MCPE was achieving its goal and the extension of MCPE's use for special designations and specialisations was based on the assumption that MCPE would be able to cater for this broader range of goals. That description covers the positive view of CPE and the practitioner's position.

Having re-visited the literature and regulations on MCPE, I perceive that some practitioners, especially those in this century, may have had a different reaction. CPE had certainly

changed. It was no longer part of what the individual practitioner may or may not do to solve a problem in practice or 'stay up to date'. After reading lists of approved and non-approved activities, the three step process to convert CPE hours into MCPE points, the requirements for the completion of the logbook, the various forms of evidence that were acceptable for the different types of activities, the range of penalties for non-compliance, or the extra requirements for a specialisation or special designation, what had appeared initially as a voluntary activity to benefit the practitioner had become a complex and year-long battle with regulations. MCPE was now not primarily focused on improving the member's practice but rather on compliance to a bureaucratic system of control, assessment and judgement. That reaction may have been supported as the practitioner observed how the context of contemporary professional practice had become complicated and cluttered with a wide range of controls and limitations as to-day's society itself became more complex.

MCPE was the first major issue within this comparatively new education sector. With a lack of interest by governments, universities and other CPE providers, the professional associations assumed the leadership role in developing CPE and adopting MCPE. MCPE was not accepted without a great deal of argument. However once accepted, it progressed and the professional associations were responsible for improving its mode of delivery and assessment. MCPE began in the mid 1980s and survived the impact of the computer and other technologies and in fact incorporated them into its delivery systems. The uses of MCPE widened and the target for MCPE shifted from the laggards to those seeking recognition for higher performance. In 2010 with the national regulation of some health professions, CPE had virtually become MCPE. That situation will be investigated as an opportunity for developing both CPE and MCPE.

Chapter 6: Competencies – Concept, criticism & compromise

Introduction and outline

This is the first of two chapters devoted to a major policy development in CPE's tale, the adoption of competencies.

This chapter has the following structure. The first part highlights differences from the MCPE policy area. The second part briefly notes changes in the context of professional practice. Then the Training Guarantee is examined and CPE's relationship with Technical Education. Competencies are then introduced and the role of the National Office of Overseas Skills Recognition (NOOSR) explained. As with MCPE, my national survey on the professions' adoption of competencies is next presented. The following part explores various levels of criticism of the use of competencies in professional education and what I describe as 'the Australian compromise'. Then three sets of professional competencies are presented.

Chapter 7 is concerned with the uses that have been made of the competencies developed and assesses the broader and longer term impact of competencies.

The setting for this Chapter is the 1990s: Chapter 7 takes the competencies' segment of the tale of CPE to 2010.

In the tale of CPE's emergence in Australia, these chapters are not primarily focused on CPE. However, examining competencies is very important in CPE's tale. The first point is that the professional associations were central in the adoption of competencies, though the manner of their adoption was different from MCPE. Competencies focused on a new way of describing professional practice and developing training for professionals, the process identified as professional education. The adoption of competencies allowed for a number of developments in the three stages of professional education. In some of these developments, such as setting up specialisations or assisting persons to re-enter practice, opportunities were created for the use of CPE and MCPE. As has been the situation in CPE's development, some of these opportunities were not taken. However progress was made in both professional education and CPE as a result of the adoption of competencies and the professional associations' role in CPE was enhanced. Expressed in another way, competencies are concerned with describing professional practice. CPE is concerned with helping professionals maintain and improve their practice. Therefore, it is vital that the concept and uses of competencies are known and understood so that CPE may continue to

assist professionals in their practices.

Differences MCPE and competencies

MCPE and competencies are very informative in CPE's tale in Australia because they are different. For example, I identified that competency development was a 'public' policy while MCPE was a 'private' policy (Brennan 1996, pp. 79 & 82). MCPE was an 'in-house' operation, primarily initiated by and controlled within individual professions by their associations. Competency development by contrast was a 'public' policy, already embedded in Vocational Education and Training (VET) practice when the professions became involved.

The two policies were introduced in different ways. Individual professional associations adopted MCPE how and when they decided. Introducing competencies to the professions was not 'front door' via a major conference. The descriptor 'back door' is used because the policy was negotiated with professional associations individually by an agency of the national bureaucracy.

The third cluster of differences relates to the varied contexts in which the policies were introduced. MCPE was focused only on professions with no reference to mandated training for other occupations. By contrast adopting competencies was part of the national VET program for the whole workforce.

There was also the question of the ownership of the competencies developed for each profession. As MCPE developed in each profession, there was some borrowing and copying but it was generally accepted that each association owned its profession's MCPE system. With competencies however, the question was raised: Who owns the developed product? Further, would the ownership issue become central in discussing further development or changes to the competencies? But competencies' ownership did not become an issue.

How competencies were developed illustrates another difference between the two policies. MCPE developed slowly under association control over many years as described in Chapters 4 & 5. By contrast, the development of competencies was carried out primarily by 'outsiders' usually engaged as consultants under the associations' supervision. This development usually occurred over a brief period specified by contract and, as a result, competency development progressed more quickly than MCPE.

Another difference from MCPE was the degree of the acceptance of competencies. MCPE was slowly embraced, while using competencies was, and in many professions continues to be, limited.

Finally, there were differences in assessment methods. Assessing competencies was carried out by third parties, not practitioners' self-assessment as in MCPE. Also, the focus in competency assessment was the practitioner's behaviour not the hours spent in the CPE activity. Competency assessment may have impacted on CPE assessment. It has not. The different methods reflect the two approaches, inputs and outputs. The high cost of third party assessment has remained a barrier to its use in MCPE.

Worthy of recognition is that the word 'competency' had not been traditionally used in professional discourses. However a term common in professional argot was the negative adjectival derivation, 'incompetent', used to describe the laggards, practitioners with unsatisfactory performance, MCPE's initial targets. It is ironic that MCPE programs in the 1990s became focused not on the incompetent but the competent.

Changes in the context of professional practice

There were changes in the context in which professional associations, practitioners and CPE operated between 1985 when ASA launched its MCPE program and the early 1990s when competencies were introduced to the professions. In my contacts with professional associations involved in the CPE policy survey (Chapter 4), questions posed indicated that those managing CPE understood the MCPE issues but were uncomfortable with other trends in their environment.

To respond to this concern, I produced a paper for the 1991 UNE CPE Conference (Brennan 1991a). The paper observed that there were 'new people' with different perspectives on issues impacting on professionals. They were 'new' because their ideas had not previously impinged on professionals' practice. They were influenced by economics like the promoters of recurrent education. The launching pad for these changes had been *Australia reconstructed*, (1987), the report on the overseas mission by the Australian Council of Trade Unions and the Trade Development Council.

Four groups of 'new people' were identified. The first were the *labour market experts* who

were concerned with the work force as a whole and professionals were not 'special', just another occupational group. ASCO is evidence of their impact. Secondly, there were the *make Australia a clever country training experts* whose remedy for economic and industrial problems was 'training' (Dawkins 1988). Their contribution is represented in the Training Guarantee discussed below but also in VET agencies such as the National Training Board and Industry Training Councils. The third group was the *re-structuriers* linked to trade unions and seeking to develop large industrial unions associated with re-structuring awards (Bluer 1991) and many professionals of course were employees. Finally, there were the *de-regulators* for whom economic laws and terminology were central (Hawke, Keating & Button 1991). They sought to create *competition* in the *market place* for the benefit of the *consumer*. Agencies such as the Trade Practices Commission (TPC) were important for their agenda. What is important is that whatever credibility such a listing had in the early 1990s, it reflected a different context for the professions from that of the 1980s. For those managing CPE to be unaware of these forces resulted in their inability to respond effectively to proposals by supporters of these changes.

An additional factor relevant in the competency issue, because of the way competencies were introduced, was multiculturalism in Australia. The publications of the Office of Multicultural Affairs explored a multicultural Australia and in *The Challenge of Diversity* (1989), Iredale discussed the topic of the Recognition of Overseas Qualifications and Skills, including professionals. The recognition issue was on the national, and about to appear on professional associations', agenda.

The Training Guarantee provides an example of the application of the ideas of the groups identified above but also of the pressures on professions. The legislation is also an illustration of the influence of VET.

The Training Guarantee and technical education

The Training Guarantee (Administration) Bill (TG) (1990) was an initiative of the Commonwealth Government, running from July 1, 1990 to July 1, 1994. Its target was the total workforce. Professions were not a specific focus. The evaluation of the TG noted (Evaluation & Monitoring Branch 1996, p. vi) it was "an innovative program with few directly comparable precedents anywhere in the world". The TG encouraged employers to provide training for their employees but used the incentive, highly prized in Australian

culture, of taxation avoidance (or more appropriately 'minimisation') to achieve its goal. Employers were able to reduce taxation if they expended a percentage of their income on training. It was legislation culturally sensitive to the business community's values.

There are four ways in which this legislation was relevant to CPE. Firstly, it was an example of how legislation that was not specifically directed towards professions impacted on them, and CPE. The legislation was directed towards business organisations and Australian professionals were predominantly employees. There are no data to support the following contention and the TG evaluation does not comment on the professions, but I gained the impression, from employers and professional employees, that many employers viewed the TG as a means of training themselves at the managerial level and shop-floor and supervisory employees. Their perception was that professionals were 'covered', doing their CPE. Perhaps that was a measure of CPE's success?

Secondly, I discovered that the professional associations were catching up on the legislation reactively and making decisions 'on the run'. This was my experience at capital city meetings of professional association personnel on the CPE policy research. Talk over coffee and plenary session questions focused on the TG not CPE policy. Further, for the annual UNE CPE conference, the request from professional associations was for information on the TG. This was provided by Collins (1991).

Associations created problems by decisions made in the uncertainty of the TG. Registered Industry Training Agents (RITAs) were created to service the TG (Section 89, TG (Administration) Act, 1990). The Royal Australian Institute of Architects (RAIA) became a RITA and was the only professional association on a list of RITAs I consulted in 1991 (*The Australian*, March 27, 1991, p. 9). The process for RAIA was costly in time and energy and the benefits dubious.

The professional associations were ill-prepared to respond to government-initiated changes directed towards the labour force as a whole but with implications for professions.

Thirdly, the TG adopted a stance on financing training, and by implication CPE. This was the position proposed in the Williams and Speedy Discipline Reviews in Chapter 3, about employer responsibility for CPE (as training) and the OECD figures on industrial training

(Williams 1987, p. xiii and Speedy 1989, p. 132). The TG's statement was that funding for this training should come from employers in the private sector and from tax funds in government instrumentalities, not from trainees. A majority of associations responding to the CPE policy survey noted in Chapter 4 supported government and employer contributions for CPE, namely 36/62 for government and 32/62 for employer support (Brennan 1992, p. 141) indicating that CPE costs should not be the sole responsibility of practitioners. The situation in 2013 is that the financial responsibility for CPE is that of the individual practitioner through actual practices rather than industrial agreements. The TG's acceptance of the principle that there were several stakeholders responsible for financing training (and CPE) lacks support in the 2000s though the principle has been supported at the national government level.

Finally, in defining what was accepted as 'training', the status of the "keeping-up-to-date" activities and "learning from practice" was legitimate. The TG recognised only 'structured training', defined as being either on or off-the-job and that the skills to be acquired had to be determined before the program together with the methods used to impart the skills and the expected outcomes (Training Guarantee Bill 1990 reprinted in Collins 1991, p. 52). In stressing the requirement of structure in training, the possibility was created for structured individual learning being acceptable CPE. This change, not accepted immediately by all professions, was clearly evident as professions included 'structured' individual learning projects in lists of acceptable MCPE. For example in the *CPD Information & Record Sheet* (IEAust 1997, p. 1), second in the list of 'Types of CPD' was the item 'informal learning activities' that immediately followed 'formal education and training activities'. The 'informal learning' was noted as including 'on-the-job learning', equated to the learning from practice noted by the older practitioners. Indirectly through the TG, a link was re-established between the individual learning of the practitioner and acceptable CPE, through the concept of structured learning. By contrast the MCPE measure of 'attendance' was unacceptable as appropriate for TG activities.

The TG resulted in an increase in the use of Certificates of Attendance that recorded the provider, program, day and location and sometimes the goals of the program. These certificates were useful for individuals in terms of their CVs and became important as MCPE evidence.

The TG was withdrawn in 1994. Its Evaluation noted (1996, p. iv) that the TG had achieved some of its major goals at least to some extent. The parallel process of MCPE however was maintained and expanded - whether or not it was achieving its goals. However for CPE in general, though the TG was not designed for the field, it was an important transitional influence.

In identifying in Chapter 3 the context in which CPE emerged, the focus was on adult and continuing education, professional education and higher education. Attention was not devoted to technical education. This area's history reaches back to the Australian colonies in the nineteenth century. Murray-Smith's 'A history of Technical Education in Australia, with special reference to the period before 1914' (1966) provides a general picture of the development of this field. Publications such as Cobb's *Sweet road to progress: the history of state technical education in New South Wales to 1949* (2000) and departmental celebration works such as the New South Wales Council of TAFE's volume *Spanners, easels and microchips. A history of Technical and Further Education in New South Wales 1883-1983* (NSW TAFE Council 1983) describe the development in the individual colonies/states. Technical education was essentially a state focus.

Technical education however received a major national impetus with the Kangan Report (Kangan, M. 1974 and 1975) and the establishment of the Technical and Further Education (TAFE) sector at the national level. In the 1970s and 1980s TAFE grew not only in government funded institutions but also, like CPE, in private training organisations. The appreciation of a training sector that was not limited to programs offered in TAFE, plus the influence of developments in overseas countries, eg from *Australia reconstructed* (1987), resulted in the identification of VET as the broad sector including all the job-related training, and therefore the three stages of professional education and CPE. Thus another educational sector with which CPE and the professional associations had to deal. CPE was part of this VET but not identified as a distinct part of the larger whole and the professional associations were not recognised initially as VET providers. The uneasy 'fit' of CPE within VET is illustrated in the story of competencies and the professions. This part of the tale parallels CPE's difficult relationships with adult, continuing, community and higher education, noted in Chapter 3.

The concept of competencies

The following section describes how competencies and competency standards were introduced to the training and assessment of all occupations. The National Training Board defined competencies as “the specification of the knowledge and skills and the application of that knowledge and skill across industries and within an industry to the standard of performance required in employment “ (1992, p. 10). To provide a basis for developing competencies across Australian industries, lists of *key competencies* were developed. The Mayer Committee proposed seven key competency 'strands':

- collecting, analysing and organising ideas and information
- expressing ideas and information
- planning and organising activities
- working with others and in teams
- using mathematical ideas and techniques
- solving problems
- using technology (Mayer 1992).

Note these competencies are expressed as 'actions' and not as bodies of knowledge.

Implementing an Australian competency based training (CBT) system of vocational education required each specific job within an industry to be studied. This involved observing workers and talking with them about what they did, developing from these observations, and guided by the general ideas noted in the key competencies, a list of specific competencies for that job. The next step was to establish standards for the appropriate performance of the identified skills. What level of performance is acceptable so that the worker may be rated as competent in that particular skill? Finally, guidelines were developed for the testing of workers in the job skills, according to the standards prescribed. What does the worker have to do and what does the assessor need to be able to decide the worker's competence? These three stages were central to the development of CBT and on that basis, training programs were developed (Harris, Guthrie, Hobart & Lundberg 1995, pp. 30-32).

Developing competencies for all the skills across all occupations was a huge task and in the overall scenario developing professionals' competencies was a small part of that operation. CBT experience had been gained with the trades and industry bodies. With the professions,

there were different agencies, professional associations and universities, concerned with professional practice.

Competencies and the professions - NOOSR

To ensure the inclusion of professions within CBT, a special strategy was adopted. The target identified was the process by which overseas persons, trained in their own country to practise a profession, come to Australia to practise that profession. The government agency overseeing this process was the National Office of Overseas Skills Recognition (NOOSR), part of the Department of Employment, Education and Training (DEET). NOOSR approached individual professions through their associations to develop competencies that could be used to assess overseas-trained persons to practise their profession in Australia. The level of competencies generally developed was for 'entry level', ie associated with the first stage of professional education.

As a result of many enquiries from professional associations, the 1991 UNE CPE Conference included NOOSR in the program. According to its Research Director, Hausfeld (1991, pp. 28-29), NOOSR had four components in its policy, the fourth of which was: encouraging the development of national competency standards in the professions. He also noted in that current financial year NOOSR was spending over \$300,000 with ten professions to develop national competency standards. NOOSR's role was facilitation, funding and providing advice (Hausfeld 1991, p. 31).

There were other competency development projects for professions not sponsored by NOOSR. One example was between the Australian Library and Information Association (ALIA) and Arts Training Australia (ATA 1991). Funds from the International Literacy Year program were used to develop competencies for adult basic education professional staff by the University of Technology, Sydney, (Scheeres, Gonczi, Hager & Morley-Warner, 1993). Another project involved developing competencies for specialisations in the legal profession in NSW (Gonczi 1993). This project is examined in Chapter 7.

There were two special features of the professional associations' relationship with NOOSR. The first was that negotiations on competencies were between individual professional associations and NOOSR, not the National Training Board (NTB). NOOSR negotiations with the associations were supported by NOOSR's supervising department, DEET.

For example, at a conference held at ANU in June 1992, the Deputy Secretary, H. N. Johnston, supported the NOOSR initiative as it reflected the importance of co-ordination and consultation (Johnston 1992).

Secondly, the link between NOOSR and the professions produced papers on competencies and the professions in general and specific professions that were published through NOOSR, not the NTB. These 'Research Papers' - listed separately at the end of the References - stimulated discussion of professional competencies. There were other relevant NOOSR publications: Reports, Information Papers and Bibliographies. NOOSR's involvement with the professions was regularly published in a series of Reports. In the Report for May 1992, the following 20 professions were listed as being associated with NOOSR in competency development: accounting, agricultural science, architecture, chiropractic/osteopathy, dietetics, engineering, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, psychology, radiography and nuclear science, social/welfare work, speech pathology, veterinary science.

Research on the adoption of competencies by professions

As an outcome of the UNE 1991 CPE Conference and discussions with the professional associations, and because of the earlier survey on CPE policy, I conducted a national survey of competencies in Australian professions. The survey covered the three stages of competency development, noted by Harris et al. (1995, pp. 30-32), plus the application of competencies within the profession (Brennan 1995, pp. 63-80).

The research was conducted for five reasons. The first was that it provided, as did the CPE policy report, a picture of what were the views and state of progress at that time in the professions regarding CBT. The second reason was that the collected data provided insights into issues that remained important regarding competencies and the professions beyond their immediate relevance. The third reason was that the research provided an introduction to the criticism of CBT and its limits in relation to professional practice. The fourth reason was that the issue was presented in a cross-professional study rather than focusing on a single profession. Finally, I was encouraged to complete the research as an alternative source of information on competencies, other than NOOSR.

Following discussions with NOOSR, professional associations and the Australian Council of

Professions (ACP), an instrument was developed and distributed to the national headquarters of 71 professional associations in July/August 1994. There were 12 questions in the survey seeking information on the stage of development (or no development) of the profession's competencies and the relationship – if any – with NOOSR. Other questions asked what other agencies were involved in the development process, the ownership of the competencies, to whom the competencies were being (or will be) applied, methods and personnel involved in the assessment process and on the administration and review of the competencies and their availability. Before the end of 1994, fifty responses were received.

The responding professions represented – similar to the CPE policy survey – the range represented by the ASCO Professional Minor Groups (See Figure 1, Chapter 4). There were 6 in the Natural Scientists group. There were 3 professional associations (Australian Association of Clinical Biochemists, Australian Institute of Medical Scientists and the Australian Society of Microbiologists) whose data were combined in the survey as the development process for the groups involved many common competencies. There were 5 associations in the Building and Engineering Group, while the Health Diagnosis and Treatment Practitioners provided the largest number of 16 responses. Nurses were included in the survey, though not 'officially' professionals, because of their involvement in the competency development process through the Australasian Nurse Registration Authorities Conference (ANRAC). In this group there was another combining of 3 associations, treated as one in the data analysis, The Australian Institute of Radiography, the Australian Society of Ultrasound in Medicine and the Australian & New Zealand Society of Nuclear Medicine, because of common competencies. Groups 4 and 5 were combined (as in the policy survey) and provided 4 responses. Social Professionals provided 4 and Business Professionals 9 responses. Finally, there were 5 responses from associations in the Miscellaneous Group (Brennan 1995, p. 66).

The first part of the survey explored the adoption of, and the progress made in, the development process. 20 associations (ie 40%) indicated they had not adopted the concept, while 30 (60%) indicated they had adopted the concept and had begun the development process. The non-adopters had various reasons for their position. Some argued that competencies were 'inappropriate' or 'had no direct application' to their profession or that to conform to competencies was a 'restraint on trade'. Others noted they were developing their own system of competencies and one claimed it was developing competencies for a special

group working in a specialisation. Of those who had not accepted the concept, 8 indicated they were exploring the possibility and 3 of these associations were definite in their plans to embrace competencies in the near future, while others were concerned about the complexity or costs of the process. Some associations were just waiting, others were prevaricating. Associations were 'unsure' or claimed that there were 'more pressing priorities' at that time for the profession. There was not universal acceptance of competencies by the professions and that was expected. But 60% were already in the competency development process and almost half of those who had not adopted the concept were exploring that possibility. The concept had been partially accepted.

Of the 30 associations committed to proceed, only 9 had completed the process leaving 21 at some stage in the process. Since Hausefeld (1991, p. 31) had stated that there were 10 professional associations receiving NOOSR funds for competency development in that year and only 9 reported in the second half of 1994 that they had completed the process supports the assertion that establishing CBT for professions was a 'long and complex' process. Several of those associations working through the process indicated that the 'assessment' operations caused most difficulties. However, some were able to indicate what they planned to do, when their resources were organised.

The associations were asked why they became involved with competencies. Policies promoted by the national government were the major influence on their decision to participate. The first was 'immigration'. In the second half of the century migrants came from a wider range of countries than the traditional sources such as the UK and Ireland. The Council on Overseas Professional Qualifications (COPQ) was re-structured as the NOOSR in 1990 (Hausfeld 1991, p. 26) with the focus to provide for qualified migrants to be accepted into the Australian workforce. Some professional associations particularly those of older professions and those with experience with COPQ were attracted to a potentially more equitable scheme. The importance of overseas trained persons was acknowledged as the most important reason for accepting competencies by 30% of the adopting associations. In addition, 18 of the adopting associations had or would receive financial assistance from NOOSR for the process, an important incentive.

Other survey questions illustrated 'operational' differences between MCPE and competencies. Individual associations undertook the task of developing MCPE.

By contrast, developing competencies involved 'outside people and agencies'. The survey showed that universities played an important role in developing the competencies in 16 responses. Commonwealth and State Government agencies were also contributors through specific departments at each level. There were also national quangos and state registration boards plus private consultants, trade unions, employers, industry bodies and their profession's members.

In the assessment of practitioner's competencies, contrasting MCPE's self-assessment, the process was performed by another person or persons. Only 14 responses were received on these questions as many associations had not reached this stage in the process. Assessors identified were peers with 11 responses, specially trained assessors 9 and supervisors in the work situation 6. Other possibilities with just one response were clients, regulators or a government regulatory body. Only one profession recognised the potential value of clients in this process. Clients certainly have views on, and a stake in, practitioners' competence. There was also consensus that assessment should not rely on a single session but that it should be conducted over several sessions (6 responses) and be 'cumulative' (8 responses). The survey options for competency assessment methods received the following support.

Table 4: Options to be used in the assessment of competencies

written tests – 13	practical tests - 9
observation - 9	simulations - 7
interviews – 6	computer-based learning - 2
one mention each for: viva, film review, references, portfolios, technical essay, dissertation, surveillance. Source:	

Source: Brennan, B. 1995, p. 71.

The respondents were able to note more than one option. Options chosen tended to reflect special features of the practice being assessed.

I identified (Brennan 1993b, p. 52) six areas in which professionals' competencies may be applied. The survey listed the options and Table 5 records the responses for each area.

Table 5: Areas in which competencies may have been used.

to recognise overseas trained persons	17
for new graduates to enter practice	15
for those seeking to 're-enter' practice	12
for those coming from another profession	8
for persons to be able to practise in a specialisation	11
for current practitioners to be able to continue to practise	9

Source: Brennan, B. 1995, p. 72.

NOOSR's involvement was probably the reason for the highest rating for the overseas trained person in Table 5. Relevant for this study on CPE is the second lowest rating to the practitioner continuing to practise and the lowest to the person coming from another profession. Those low ratings suggest that at that time the associations perceived a very limited role for competencies. Also, noting the competencies were designed for 'entry-level', how appropriate was their use in these areas?

The survey questions about the review of the competencies were not answered in many instances because the initial development was not or only just completed. The survey responses indicated that there had been limited attention to reviewing or updating the competencies developed at that time or developing new competencies, eg for specialist practitioners. Being aware of the complexity of the process plus the cost and requirement for specialised resources may have contributed to the lack of enthusiasm for reviewing or extending the competencies. The associations' responses on these questions suggest that without substantial NOOSR assistance and finance, the associations may have been less enthusiastic about developing competencies.

In exploring the adoption of MCPE, the professional associations indicated that they had no clear picture of managing the scheme. A similar response was received about competencies. However, regarding the ownership of the competencies, where associations stressed that they owned the competencies, they planned to maintain control over their development (Brennan. 1995, p. 72).

The conclusion is offered that by the end of 1995 the concept of competencies had been

adopted to varying degrees across a range of professions in Australia. The tactic of using the NOOSR approach for injecting competencies into professional education had achieved widespread but not universal acceptance.

One outcome, I observed, of the interest in competencies was that in the early to middle 1990s there was probably more discussion, research and examination of professional practice, involving a wide range of people from many areas of expertise, than at any other time in the history of Australian professions. That outcome was not generally recognised at that time but it appears to have been an incidental, but welcome, outcome of the government-sponsored project. Did all this frenetic activity about professional practice provide a better understanding of professional practice? Beyond accepting competencies as a tool in professional education, other solutions were not produced.

The professions' adoption of competencies was limited because there was criticism of the basic assumptions and the means of operation. Limited adoption may have been due to NOOSR's restricted funding. But from a broader perspective the professions overall had not embraced VET of which competencies were a central feature. The NOOSR initiative was not specifically focused on competencies' applications across the three stages of professional education. Competencies became a part, but not immediately a major part, of professional education and the role of competencies in CPE was limited.

Critiques of competencies and CBT

The critiques of competencies and CBT in the 1990s are identified at four 'levels'. The first are those from the professional associations. Since the debate was not limited to Australia nor the early 1990s, the second level examines a global debate with origins in the 1960s. Thirdly, a broader discussion of the debate in Australia is presented, while the fourth level focuses on the resolution of divergent views in a compromise solution.

From the professional associations

The first level of debate focuses on the professional associations' view of competencies' relevance and value for the professions. In their responses to my survey, some associations viewed the competency approach as 'inappropriate'. Reading associations' published arguments, such as those of the Australian Computer Society (ACS), provided evidence that the CBT emphasis on 'skills' was one feature of this inappropriateness. This concern was

important for associations like ACS who had fought to have universities accept entry to their field via an undergraduate degree and stressed the traditional concept of 'knowledge'. ACS promoted the concept of the *Body of Knowledge* as the core of their practice but included broader topics such as interpersonal communication, ethics and the social implications of professional practice. Goldsworthy stressed the limitations of competencies by stating that 'creative individual activity is not amenable to competency measures' (1997, p. xi). Within the core, Underwood proposed two groups of 'topics' to be used in developing IT training programs, three mandatory and eleven other topics (1997, p. 4). Underpinning the ACS stance was the belief that skills were based on knowledge and as a result practitioners were only able to perform these skills appropriately if they possessed the relevant understanding through knowledge.

The ACP supported the professional associations in the anti-competencies debate. In a *Report on competency standards*, the ACP complained that this system developed for another level of occupations (the trades) 'may be applied to the recognition and education of professionals' (1991, p. 1) and opposed that action. The ACP challenged the assumptions on which CBT was based and stressed the conflict regarding the relative importance of knowledge and skills as bases for educating professionals.

The meaning and importance of 'skills' was a key element in the CBT argument. Competencies focused on skills. The associations were concerned that the knowledge on which these skills were based was being overlooked.

While individual associations, such as ACS, were arguing for their own profession against CBT, I observed (Brennan 1995, p. 74) that opposition by individual associations was unlikely to produce a cross-professional critique of CBT or picture of professional practice.

A significant concern for the ACP and some associations was the 'ownership' of NOOSR developed competencies. The ACP in the Report noted above asserted that any competency standards developed by a profession remain the property of that profession and their control and application should be vested in the profession' (1991, p. 3). There was however a clear statement from the Executive Officer of NOOSR, Stuer (1992, p. 9), that the ownership of competencies would be held not by NTB or NOOSR but by the agency developing them and that usually meant the professional association or associations. She recognised however that

there may be some questions in the future regarding any updating of the competencies (1992, p. 9). These anxieties were likely to be evident because of the unprecedented relationship between government and the professions in the development of competencies. Evidence from my survey was that a majority of associations were aware of the question. 22 associations reported that they owned the competencies, while 4 noted 'shared' ownership in the examples of professions with common competencies, 4 indicated an industry-wide body had the ownership and for 6 the question was 'unresolved'. Ownership did not become an issue in the initial or later development of competencies. The 'concern' nevertheless illustrated the level of associations' anxiety about competencies.

The proposal for the introduction of competencies in professional education was a challenge for the professional associations. Many initially produced a negative response. However, many also accepted CBT.

The global dimension

Attention has focused to this point on Australia in the 1990s. However, assessing CBT required consideration from a broader and longer term perspective, thus the second level global debate.

From their comparatively recent origin in the 1960s, competencies were adopted in many countries, eg. in the USA for teacher education (Houston and Howsam 1972) and for the adult education professional Chamberlain (1961, pp. 78-83) developed a set of 45 competencies.

There was academic debate about competencies at the international level. In adult education, the roots of competencies were grounded in the behaviourist view of learning, a view opposed by the radicals. In *Adult education quarterly* (AEQ) in 1983, Collins attacked CBAE (competency based adult education). His *AEQ Forum* was followed by a *reaction* by Parker (1984) and a *rebuttal* by Ratcliff (1984) and a further *reaction* from Collins (1984). The battle involved the usual tactics and these contributions covered three numbers of this journal in 1983-4. In the USA, CBAE was used as an opportunity to debate the issue of competencies. That debate is not pursued further. However, relevant for this discussion was the timing of the debate, 1984, almost a decade before NOOSR's activity.

Another example of the international CBT debate is in Kreitlow's American volume (1981) (to which reference was made in the MCPE debate). This volume, published earlier than the Collins' controversy, contained two papers, one for and one against competency-based training. Clark (1981, pp. 126-142) and Hadley (1981, pp. 143-150) focused on the degree to which programs based on competencies would ensure 'accountability'. Accountability was not on Australia's 1990's agenda.

The debate in Australia

The Australian debate focused on Australian issues and was not confined to the academic literature. Newspaper articles appeared in the *Higher education Australian* in 1992. Geffen, Dean of Medicine at Queensland University claimed that 'competency standards were not up to the task' of explaining professional practice (May 6, 1992, p. 18). Then Helen Trinca (June 17, 1992, p. 22) quoted extensively Professor Linke from the University of Wollongong and drew on the historical origins of the concept. She argued that the competency approach was different with emphases on outcomes rather than inputs and acquired skills rather than content. The debate was not *page one* of major newspapers but earned space within the Higher Education section.

The following comments on this Australian debate focus primarily on 'university' views, because of their stake in professional education, particularly the first stage.

The university's negative view of competencies at the time was summarised by Penington. The former Professor of Surgery and at that time Vice Chancellor of Melbourne University offered five reasons why competencies were 'inappropriate', the term used by association commentators in the survey noted above and by the Underwood (ACS) (1997). Penington's five reasons (1993, pp. 26-30) were that CBT did not improve quality as it focused on competence not excellence, that CBT focused on skills not knowledge or attitudes, that it entrenched the *status quo* rather than looking to the future, that the ability to assess generic attributes was questionable and finally that the proposals would undermine both institutional and individual academic autonomy. The Penington challenge received a response from the academics' union (FAUSA) which stated the position that 'universities can either fall into line behind the Penington argument – with all its implications for equity and social justice – or they can assist the professions as occupational gatekeepers' (Leveratt 1993, p. 5). The general outcome was that the university professional schools generally followed FAUSA's

latter proposal.

Why was that the outcome? Having accepted the invitation and finance from NOOSR, the associations with their consultants met with the relevant university departments to complete the task. These were the same departments with whom the associations would have developed entry level degree courses. Generally that outcome had been favourable to the universities. There was possibly some pressure and incentive for the university departments to become involved in this new development. The case of ACS and computing illustrates the contrasts. ACS opposed competencies: yet the data quoted above (in Table 3, Chapter 4) on the growth of academic departments offering first degrees for IT professionals suggest that agreement was reached between the association and university departments. Generally, departments became involved in CBT for their undergraduate students because 'entry level' competencies were produced. In developing the competencies, standards and assessment measures, discoveries were made and problems resolved. The potential of positive outcomes for the university schools plus their actual involvement in developing the competencies were – according to the association personnel with whom I communicated - key considerations in their decisions to support the CBT programs.

Also, within the university sector, there were a number of universities whose interest in VET and CBT was broader than training professionals in their first degree. There were Education Faculties involved in training TAFE teachers, eg. at Griffith University, University of Technology Sydney (UTS) and the University of South Australia (UNISA) and they were focused on CBT across all occupations. UTS staff, eg. Hager, Gonczi and McDonald, became associated with NOOSR and competencies for the professions and were major contributors to the NOOSR Research Papers noted in the Reference List. Griffith academics on the other hand became more focused on learning in and from work for example in the workplace across all occupations, eg through Billett's research, and were critical of competencies in general and for the professions, eg Bagnall and Stephenson. Specific references are noted below.

The background however to the actual development of competencies in the early 1990s and beyond was still one in which there was controversy about competencies. Some of the questions asked at that time were not answered then and are still unresolved.

Because questions remain and issues were not settled, some of these concerns about CBT are raised.

First the contributions of two Griffith University academics, Bagnall (1993) and Stevenson (1995, 1996), are cited. Their work positions the Australian controversy in a global and historical context. Stevenson (1996) demonstrated by reference to the field of cognitive psychology how at various times normative values were placed on the definition of 'competent'. He concluded from examining the way 'competent' was defined in cognitive psychology that it was influenced by the status or value attributed to abilities and activities at that particular time, ie the mid 1990s. Problem solving, innovation and meta cognition were highly valued at that time. At some other time he argued (1996, p. 34) that cognitive psychology valued conceptual understanding more than specific procedural knowledge. He also observed how in cognitive psychology there had been changing emphases and therefore variations in relative value between knowledge *how* and knowledge *what*.

He also argued that not only does the emphasis on particular normative dimensions of concepts such as 'competent' change over time but that the process may be cyclical. He presented a table covering the period from World War I to the 1990s showing changes in the definition of the 'good' in educational policy and practice and how these changes have impacted on the 'appropriate practice' to service the theme of the time. The table suggested that in the 1930s Depression the emphasis was on behaviourism and 'observable, measurable performance on predicted tasks' (1996, p. 37).

Stevenson's argument has implications for the ongoing use of competencies in Australia. How the terms are defined may depend on cultural and ethical values of that period. Definitions of 'competent' and 'competencies' in the early 1990s may not remain valid in the second decade of the next century.

The argument proposed by Bagnall (1993) complements that of Stevenson by providing evidence of how the world of the 1990s did not support assumptions on which competencies were based. He drew attention to continuing education and training and the concept of the post modern world. The sharp differences between the concepts of modernism and post-modernity are noted again in examining ethics in Chapter 11. He argued that CBT was grounded in the assumptions and characteristics of modernity and contrasted the structural

and curricular tendencies of postmodern education with CBT. Of the 13 tendencies listed, there was only limited comparability between the two sets. Bagnall claimed therefore that there was evidence of 'overwhelming dissonance' (1993, p. 29) between the two sets of features and therefore between CBT and education in the post modern world. Each feature is not examined but taken as a group they distinguish clearly two very different forms of education (if in the post modern world a 'form' of education is a valid position).

Figure 6: The contrasting structural and curricular tendencies of postmodernist and competency-based education

Structural and curricular tendencies	
<i>Postmodernist education</i>	<i>Competency-based education</i>
heterodoxy	orthodoxy
expressiveness	rationality
complexity	simplicity
reflective contextualization	centralization
knowledge diversity	knowledge technicization
critical understanding	pragmatism
learner independence	learner dependence
responsiveness	reactiveness
openness	commodification
indeterminacy	privatisation
participation	conformatism
internal de-differentiation	internal differentiation
phenomenalism	instrumentalism

Source: Bagnall, R.G. 1993, p. 29.

As in the adoption of new concepts and procedures, arguments by Stevenson and Bagnall suggest that due diligence is required to recognise longer term and cyclical possibilities in the way concepts are defined and to acknowledge the social, cultural and philosophical context in which the concepts and procedures are required to function and how that may change.

The following criticisms may be summarised under the heading of CBT's 'limitations', with some similarity to the 'inappropriateness' identified above. The first group of limitations relate to the argument that competencies are unable to deal with significant features of professional practice. These criticisms must be considered in the absence of adequate alternative conceptualisations of professional practice.

Harris et al. (1995) cited above outlined the CBT process. The operations of the vocational behaviour are divided into smaller and smaller parts. Walker (1993, pp. 15-23) argued that

this reductionist process, ie seeking smaller and smaller parts of the activity, may help in developing competencies but may also mean that the totality of the activity, its relationship to other activities and the context are omitted. That outcome was argued as detrimental because of the interrelatedness of aspects of professional behaviour and the importance of its context and further that the whole may be more than the sum of the parts. The computing professional, social worker and metallurgist in their practice need to be aware that the many parts of their work are perceived as meaningful segments of an intelligible whole. Reductionism may limit the power of competencies to explain professional practice.

A second area of limitations focused on CBT's outcomes, ie. observable and assessable behaviours, able to be measured using 'performance indicators'. Bagnall argued that there was a limited role for 'performance indicators' in vocational education and their use may distort the educational process. He concluded that these measures should not be thought of as defining outcomes but rather as contributing to the outcomes within a broader cultural and educational framework and philosophy (1994, p. 31). As with reductionism, these indicators may cover parts of professional practice, but not the whole. In a general example on outcomes, it may be necessary in using technology in a surgical procedure to follow the steps prescribed in the 'manual'. That behaviour reflects the CBT approach. However in the context of an operating theatre in hospital X, there are other variables, the particular patient, his/her medical history and current state of health and staff and equipment available at that time. The simple five step pre-determined process may not be valid in reaching the desired outcome for the patient with this technology, because of changes in a single aspect of the patient, eg his/her blood pressure, or the absence of trained personnel. The step by step procedure needs to be known, but changes in the practice situation may make those procedures incorrect, even dangerous. A practitioner may perform the prescribed steps but because of factors not included within the material of the manual, the performance may end in tragedy.

The third limitation acknowledges that recent developments in theorising about professional practice were not evident in Australia's competency development in the 1990s. The profession chosen is nursing and the research that of Schon. Battersby (1993) was critical of the conceptual foundations on which the ANRAC competencies were developed and used the work of Schon (1983 and 1987) to examine their impact on nurses' professional education. He argued that the core of what nurses actually do in their daily practice was not

based on some pre-determined knowledge and skills, what Schon called 'technical rationality' (1987, pp. 4-5). On the contrary, Battersby noted how the actual practice of nurses included incidents where the application of pre-learned knowledge and skills would provide the required positive outcome for the patient but there will also be situations of 'ambiguity and uncertainty' (Battersby 1993, p. 30) for which the pre-learned technical rationality was not relevant. The terms 'ambiguity and uncertainty', used by Battersby to describe nursing, were derived from Schon and were clearly evident in the way practitioners in the 1990s described their practices. But these terms and what they describe were absent from the CBT vocabulary, a significant limitation of the approach. Models to describe professional practice are discussed in Chapter 10.

The fourth group of academic limitations asserted that adopting CBT involved taking a step backwards and downwards for universities and the professions. This criticism was echoed above in the concerns of the ACS and Penington. A focus for this criticism was the term 'competent'. Houle, an American promoter of CPE, had set the goal of CPE as seeking 'excellence' (1983, p. 257). Those who supported that objective were critical that the professionals' CBT performance goal was 'being competent'. That goal was associated with the MCPE requirement for practitioners to attain the minimum level of participation. Does that process produce a decline in professional standards (eg Walker 19923)? The bar was being set at an unacceptably low level in both MCPE and CBT. Or was acceptance of the professional being competent a further recognition of mediocrity rather than excellence in professional practice? That was an unwelcome limitation of CBT's contribution to professional practice.

In noting the views of these opponents, there is a change in emphasis from outright rejection to a focus on the 'limitations' of competencies.

Towards a compromise

The argument was made, and noted above, that CBT was developed for other occupational groups and was not appropriate for professionals. Though there was not a readily available alternative explanation of professional practice to oppose the CBT approach, the work of professionals clearly did not 'fit' the concept of a pre-determined series of actions. But that did not necessarily mean that a CBT-type response was totally inappropriate for the work of a professional. The examples of the hospital operating room and the experiences of the

nurses noted above illustrate this point. The distinction could be made that all professional practice events are unique and all those of a tradesperson are repetitive.

In arguing this latter point for trades or for a specific profession, what is evident was that it was not a simple question of whether competencies were relevant or appropriate, 'yes' or 'no'. Rather the question was: In what situations was the competency approach appropriate and in which areas of practice was it inappropriate? In the arguments about CPE participation, the compromise situation of a 'recommended level of participation' was found to be inappropriate and rejected. In the debate on competencies, some rejected competencies in any degree or situation. Nevertheless just from the examples of the nurses or the operating theatre, there appears to be a compromise noting that the strict adherence to pre-determined actions was appropriate and necessary in some situations but that that approach did not adequately represent the complexities of professional practice as a whole. A working compromise for CBT appeared possible, in contrast to the failure with MCPD. What was required were modifications to some behaviouristic features of CBT (illustrated in the *AEQ* debate of 1983-4), the re-assessment of some parts of the development process and an acceptance that final answers had not been found in some areas of professional practice.

CBT was not accepted universally at that time in the 1990s as **the** solution in professional education and the acceptance of a compromise has allowed CBT to be developed, refined and improved so that second generation competencies, newer types of competencies and different ways of using and assessing competencies have been produced.

In comments on my CBT survey, professional association representatives reported on their experiences with the process. These marginal comments on the survey and letters that accompanied the survey, contained the frequently expressed opinion that the assessment aspect of competency development was very difficult. The assessment of performance of persons completing activities involving manual skills was in most cases relatively easy. A specific object was being worked on using procedures that may be checked by observing the worker and inspecting the object. However, the work situation may also have involved oral communication between several persons. The assessor was able to listen to the spoken words but was unable to ascertain with any degree of certainty how these words were accepted, interpreted by the receivers of the message and may impact on behaviour at that time or at some later time. The same words may be used by the same person in another

setting and there may be a different outcome. Assessment in the areas involving human communication, oral or written, was difficult to accommodate in CBT. For professionals' practice this type of communication was central. A term has been adopted to cover these areas in which the development of competencies and units and then standards and assessment procedures was problematic in the system was 'soft skills'. This problem area remains and is explored in Chapters 11 and 12.

The contribution of CBT to professional education and CPE was difficult to assess because questions continued to be raised about CBT. Some may have expected the conservatism of the professions or the lack of their acceptance by universities to be a stumbling block to this innovation. However, the professions had recently indicated their willingness to accept innovation with their embracing of MCPE. But in contrast with the MCPE, there appeared to be scope for compromise. The possibility of compromise was enhanced by the work of academics, several from UTS who were associated with NOOSR to define an interpretation of CBT that was appropriate (and acceptable) to Australian professions at that time.

My observation was that two key factors contributed to the introduction of competencies to Australian professions. The first was pragmatic. NOOSR persuaded a number of professional associations to adopt the challenge of competencies. The provision of funding added support to their arguments. There were also the many special publications noted above. In addition to those publications, there were the published results of a survey and capital city meetings on "The implications for higher education of a competency based approach to education & training" (Bowden & Masters 1993) that covered 29 universities and 14 professional associations. The report concluded that 'some of the fears of the universities, that may have originally been well-founded, can now be put aside (1993, p. 152)'. But there was an important feature of this new approach to competencies. The supporters admitted that there were limitations and that there were problems to be solved, eg how to deal with concepts such as 'learning how to learn' (Gonczi, Hager and Athanasou 1993, p. 3)

The second factor I define as being 'semantic', that is how the pragmatic factor operated. What happened was that those who wrote the Research Papers accepted that a strict behaviouristic regime of older competencies was inappropriate. That admission tended to reduce the impact of the criticisms by writers such as Stevenson and Bagnall.

Then these supporters paid close attention to the way they defined the terminology of the NOOSR version of competencies to respond to other critics who pointed to the 'limitations' of CBT. In this way a compromise was able to be reached. Competencies were adopted by the professions while some continued to identify potential or real limitations of their value. Another relevant point in suggesting why the compromise occurred is to note again that there was no widely accepted, soundly based and comprehensive alternative view of professional practice that could be raised against competencies, except the 'based on disciplines' approach.

In the semantic initiative, Gonczi and Hager sought in the *Higher Education Australian* (May 20th, 1992, p. 24) to demolish some of the present myths about CBT in an article headed 'The myths that miss the point'. They listed the myths as: the behaviourist, the complexity, training, central control, lowest common denominator and the impracticalities of assessment. But in this challenging of the myths there was no recourse to the extremes of the *AEQ* debate noted above. A paper by the same writers, Hager and Gonczi (1991), is a major source of reference for this semantic defence of the NOOSR competencies. The paper's title suggested that the main purpose of the paper was to demonstrate how competency standards were to be a 'boon' for CPE. That failed goal is discussed elsewhere. Relevant for this discussion is that three key terms of NOOSR CBT - *attribute*, *performance* and *standards* - were identified (1991, p. 27). Attributes were identified as consisting of 'knowledge, abilities, skills and attitudes' and therefore the significance of the differences between knowledge and skills, eg used by the ACS spokespersons, was reduced as they were treated as it were together as significant parts of an important 'whole'. The approach was described in a later context as 'holistic' (Gonczi, Hager & Palmer 1994, p. 139). A third descriptor used – especially in the Research Papers 1, 2 and 7 – was an 'integrated model of competence' (Gonczi, Hager and Athanasou 1993, p. 1). Further, successful professional performance (the second key term) was the result of the combination of the three identified parts of the concept of 'attribute'. This assertion to some extent provided an answer to the 'reductionist' argument against CBT (eg Walker). Also the distinction was offered between specific (simple) competencies and higher level, complex competencies. This point addressed the concern that competencies would not be able to deal with higher level reasoning associated with professional practice. There had also been arguments that competencies would not be able to embrace the complexity of professional practice in operation. The Hager and Gonczi response was that performance would be viewed in the

context of two perspectives, those of the roles (or domains) and tasks. This assertion aimed at reducing the validity of the claim of the decontextualised study of a practitioner (Nowlen 1988, p. 69). Then in relation to the third key term, standards, they argued (1991, p. 28) that what was initially required was an appropriate standard and that for the practitioner was a minimum standard. There needed to be general agreement about the level that was absolutely necessary. However, setting a rating of 'competent' at that level did not preclude the practitioner from seeking to perform at a higher level, as Houle had hoped for all professionals. Reflecting 13 years after the initial attempt to develop professional competencies in Australia, Gonczi (2004, p. 20) did not use the term 'compromise' but claimed that their product was a different 'relational and integrated approach'.

There were other papers and research that sought to address what were recognised as difficulties for CBT in professional practice. Two papers illustrated how the concept of 'generic' competencies was proposed as a potential means of accommodating the special features of the professions and their practice. The problem was addressed by Athanasou, Pithers & Cornford (1994) who sought to develop a set of what were termed 'key occupational descriptors' to guide the teaching and research of professional education. Their three descriptors were 'aptitudes' from an American resource, what they termed 'key competency strands' based on the Mayer list and 'occupational interests' based on job and career tests (Athanasou et al. 1994, pp. 7-8). The goal was to provide a link from the Mayer list noted above with the added dimensions of interests and attitudes to the profession-specific lists that were being developed in the NOOSR promoted activity with the professions. The added dimensions had special relevance in examining the diversity of professional practice. In the second paper, Hearn, Close, Smith, & Southey (1996) focused on professions and developing a framework for professional development. The research involved 571 persons from all over Australia representing seven professions: accounting, architecture, engineering, human resource management, marketing, social work and teaching. The analysis of the data produced nine Factors: problem-solving, others orientation, professional involvement, internal frame of reference, emotional competence, influencing, organisational knowledge, proactivity and client orientation (Hearn et al. 1996, pp. 48-52). Important conclusions from the research were that for the researchers the assessment of the nine areas identified in their research was problematic. What was of greater significance for the researchers was how useful the research had been in 'providing a framework for thinking about the qualities that distinguish effective professionals from those

who are less effective' (Hearn et al. 1996, p. 58). From the research in both papers, it appears that the quest to establish more effective ways in which competencies may be used in professional education has begun rather than being completed and continues in this century.

Nevertheless, there were problems with the development of competencies, setting performance levels, their assessment and then actually applying CBT to various types of persons at various stages and situations within the processes of them becoming and remaining professionals. Competencies became important for many professions and many of the 'teething' problems were overcome. In some areas however problems and concerns prevailed. Perhaps there was some justification for some limitations identified. But as new competencies were developed to replace or update the old, new techniques and methods were created, eg. in assessing practitioner's performance. This is explored below.

Whatever may have been the discussion in the conferences, journals and newsletters of the 1990s about the pros and cons of competencies, the fact was that many competencies were developed and used to varying extents in a variety of situations across the broad field of professional education. Arguments about the value of CBT have continued. These are not examined as the focus has been on the period of CBT's introduction and early development.

The developed competencies

Competencies developed for individual professions are now examined.

The initial target for competencies was the NOOSR applicant but the professions decided the initial competencies would be for 'entry-level' practitioners. They were not necessarily appropriate for overseas trained persons but provided a basis for their assessment and were also available for that larger group of domestic students completing their first degree. In addition, association personnel assured me that entry-level competencies were the basis for developing all competencies.

These competencies for agriculturists, dietitians and physiotherapists were developed in 1993. They represent professions with different types of practices but follow the traditional view that practice involved applying principles of scientific disciplines (Schein 1972, pp. 8-9). They each have 8 competencies – more manageable than Chamberlain's list of 45 for adult educators noted above - and invite comparisons.

Comparing the sets, the agriculturists list 'knowledge' areas in line with the 'disciplines' tradition, whereas the dietitians use verbs noting activities, that is applying knowledge and skill and indicating the next step of assessment as the practitioner 'demonstrates' in competencies 1, 7 and 8. Physiotherapists structure their competencies 1 to 5 on the basis of a diagnostic client interview. Their competencies are also expressed in terms of action with recognition of high level cognitive skills such as assessing, and evaluating.

The lists indicate the flexibility available in developing competencies, but diversity produces a problem. Generalising from these examples is difficult, and a general conceptualisation of professional practice did not emerge from the developed competencies.

Figure 7: The competencies of three Australian professions

S

Agriculturists

- | | |
|---------------------------------|-----------------------------------|
| 1. Professional practice values | 2. Communication |
| 3. Knowledge | 4. Problem & opportunity analysis |
| 5. Management | 6. Scientific expertise |
| 7. Economic expertise | 8. Business expertise |

Source: Field, S. 1993. Agriculturists set the standard. In Lucardie, D. (Ed.) CPE '95: A question of competence, pp. 56-64.

Dietitians

1. Demonstrates knowledge sufficient to ensure safe practice.
2. Interprets and translates scientific knowledge and principles related to nutrition into practical information.
3. Collects, organises and assesses data relating to the health and nutritional status of individuals and groups.
4. Manages nutrition care for individuals (clinical).
5. Manages components of programs which deal with nutrition issues in the community as part of a health care team (community).
6. Influences and contributes to activities promoting a safe and nutritious food supply (food service).
7. Demonstrates basic skills in research and evaluation.
8. Demonstrates an organised, professional and ethical approach to work.

Source: Dietitians Association of Australia (1993) National competency standards for entry-level dietitians.

Physiotherapy

1. Assesses the client's abilities, problems and needs.
2. Interprets and analyses assessment findings for the diagnosis of the client's problems and the definition of client needs.
3. Develops a physiotherapy intervention plan to meet defined goals.
4. Implements physiotherapy intervention strategies.
5. Evaluates effectiveness of physiotherapy intervention.
6. Demonstrates professional behaviour appropriate to physiotherapy.
7. Operates effectively within the health care system.
8. Applies management skills in physiotherapy practice.

Source: Liston, C. B. (1993). Physiotherapy standards in Australia.

Chapter 7: Competencies – Longer term use & development

Introduction

This Chapter examines the ways in which competencies have been used in the training and assessment of Australian professionals since the 1990s. This examination will be organised under the headings of the six areas indicated in Table 5 in Chapter 6 on the use of competencies for those: trained overseas, new graduates entering practice, seeking to 're-enter' practice, coming from another profession, wishing to practise in a specialisation and current practitioners to continue to practise (Brennan 1995, p. 72). The problems associated with the competencies approach on the issue of ethics in professional practice is then raised. Next an assessment is offered of the broader and longer term impact of competencies and finally the two chapters on Competencies are summarised by the process of looking forward and looking back.

The uses of competencies by professionals

The real test of competencies' value is not their assessment in policy documents or academic papers but in their application in professionals' training and assessment. Six ways in which competencies may be applied are examined. In addition, the potential for areas in which competencies may have been but were not used is noted. Also identified are activities in which CPE may have been used.

For those trained overseas

The first use of competencies is with the NOOSR applicants.

The introduction of competencies resulted in a change in NOOSR's role. The management of NOOSR applicants was passed to other agencies such as professional associations but NOOSR retained a supervisory function. As a result, on professional association websites appeared the heading 'Overseas Recognition' linked to pages outlining the association's policy and procedures.

Later, NOOSR joined the commonwealth government organisation Australian Education International (AEI), identified as AEI-NOOSR. Agencies dealing with NOOSR were called Migration Assessing Bodies (MABs) and 29 MABs were listed on the website (AEI 2009). By 2012, AEI-NOOSR's situation had changed again. Reference is now made to 'professional assessing authorities' and the Department of Immigration has a supervisory role

with all levels of occupations (Burrell G, personal communication 01/11/2012).

The MABs developed different programs to recognise overseas trained persons to practise in Australia. The MAB associated with Engineers Australia used two types of assessment. There was the recognition of the overseas trained applicant's initial award if listed as acceptable by the international Washington Accord. If the qualifications were unacceptable under that Accord, a second assessment was made on a Competency Demonstration Report, based on the Stage 1 National Generic Competency Standards defined by Engineers Australia (Jones G. personal communication 22/06/2009).

The Australian Institute of Radiography (AIR) MAB approach was concerned with several professional areas' recognition, diagnostic radiology/medical imaging, radiation therapy and ultrasound. The issue of common competencies for these professions was noted above. The focus for these applicants was the 'Competency based standards for the accredited practitioner' (AIR 2005). The applicant was required to reach the Accredited Practitioner level and that implied CPE and therefore evidence of CPE participation was necessary from overseas applicants (AIR 2005).

The Dietitians Association of Australia's (DAA) set up an agency to manage the overseas recognition process, the Council of Dietetics Skills Recognition (CODSR). The need for a special group to advise the DAA Board on issues like the profession's competencies and activities on mutual recognition became evident. In June 2009 DAA launched the Australian Dietetic Council (ADC) to cover the standards setting, accreditation and recognition policies and activities, an integrated structure to co-ordinate policy development and operations (DAA 2009).

Gaining data on the numbers of NOOSR entrants has been difficult. Aggregated numbers based on common criteria were not collected by the MABs. The AIR MAB recorded 1645 successful and 959 unsuccessful applicants from 1900 to 2010 (Kidston D. personal communication 25/11/2010) and the DAA MAB from 1999 to 2010 noted 127 successful applicants in the examinations from 10 nations but no details of those who actually practised in Australia (Engeler F. personal communication 25/11/2010). These data are of limited value.

An outcome of the work of Australian professional associations in 'overseas recognition' has been that 'mutual recognition' became a major part of international policy for associations. Mutual recognition is examined further in Chapters 9 and 10.

An overall picture of how competencies were used in the process of assisting overseas trained professionals to practise in Australia is difficult to identify. Migration may have been an important reason for the associations to accept NOOSR's invitation but the use of the developed competencies for these overseas applicants in individual professions has been difficult to isolate in the changing administrative structure over almost two decades.

For domestic entry level persons

The second area in which competencies were introduced was the entry-level first degree in which the universities were key stake holders.

In discussion above, the relationship between professional associations and universities in establishing the entry-level courses was noted and reference made to *Professional Education and Credentialism* by the Higher Education Council. The report noted 'good relations' (1996, p. 12). However the disagreements about the value of competencies may have caused some problems between these stakeholders. University and association personnel reported to me both good and bad examples of the negotiations about the introduction of competencies in these degrees. The associations argued that the introduction of the entry-level degree had been beneficial for the university departments. Perhaps the factor contributing most to the co-operation of the universities in adopting competencies was their participation in developing the competencies, mentioned in 16 of the 18 projects in my survey (Brennan 1995, p. 70). Using competencies they had helped to develop was a natural progression.

The introduction of competencies was a significant change in the first stage of professional education. It was also the means by which competencies were more likely to impact on professional education as a whole, as the next generation of practitioners would have experienced competencies in their initial training. New entrants in the following professions would have completed entry level courses based on competencies by the late 1990s: accounting, agricultural science, architecture, chiropractic or osteopathy, dietetics, engineering, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry,

psychology, radiography and nuclear science, social/welfare work, speech pathology, veterinary science (NOOSR Report, May 1992).

For those re-entering the profession

The third group potentially influenced by competencies were those who sought to re-enter their profession. Re-entry to practice became important as individual practitioners for various reasons ceased to practice their profession for varying periods, spent in travel, recovery from injury or illness or the care of a partner. The re-entry situation had particular relevance to women and the birth of children. Formalising re-entry was necessary to protect the profession's standards but also support members in their roles as parents, carers or those who had suffered accident or illness.

As in most topics in this discussion, there are few generalisations. However, two common points are noted. If there was state/territory registration for the profession (See Chapter 9), then these agencies usually had re-entry policies. Secondly, a key question for those seeking re-entry was the length of time 'away from their practice', 3, 5 or 10 years. Three examples are noted, two of which had a state/territory registration scheme.

Nursing had a state/territory registration scheme and the key period of non-practice was 5 years. Those away from nursing for under 5 years could regain their practice rights by completing a 'restoration form'. An absence of between 5 and 10 years, particularly if the applicant has had no contact with their practice, required the applicant to undertake supervised work before regaining their restoration. For those with a break of over 10 years from practice, the requirement was for the former nurses to prove their competence (Kettle A. personal communication 02/07/09).

The pharmacy profession also had state/territory registration. A feature of the pharmacy scheme was that there was a category of 'non-practising pharmacist'. To change from the 'non-practising' category or resume practice after a period of non-practice, various procedures were available. One option was to sit the normal registration examination, another was supervised workplace activity, while the third possibility was CPE. The professional association, the PSA, particularly in Victoria and NSW, offered a CPE program 'Contemporary pharmacy bridging course', designed for those returning to practice or changing their practice, eg from working in industry to a community practice, or moving from the 'non-practising' category to work in a local pharmacy (Lucardie D. personal

communication 07/07/09).

The third profession was accounting with no legislated registration requirement and the professional association CPA Australia. There were different requirements for those seeking the CPA designation between those with more or less than 5 years away from practice. The key requirement was for 40 hours CPD in the year immediately before they achieved CPA status. But for those over 5 years from the profession, they were required to fulfil the entry level activities for the CPA designation, ie the CPA program and Mentor Practical Experience Program (Neville C. personal communication 03/07/09).

While those returning to practice in some professions were required to confirm their competence, competencies were not generally used. Entry level competencies may have been relevant because the applicants had some practice experience. Maple (1987) suggested that MCPE may have been used in the re-entry process and the PSA and CPA offered a CPE option. Generally, the associations and registration boards have devoted attention to practitioners' re-entry but requirements are profession-specific and generally do not involve competencies.

For those moving from one profession to another

The fourth area, allowing persons to move from one profession to another, was an opportunity to use two procedures developed within VET, ie the Recognition of Prior Learning (RPL) and the Recognition of Current Competence (RCC) (3.)

There is limited evidence of the use of these VET processes. In my discussions with association personnel on this question, most confessed that they were unaware of RPL and RCC, further evidence of VET's limited impact on the professions. Persons moving from one profession to another may receive some 'credit' for courses offered in the initial degree for their new profession. There are few additional concessions to facilitate this transition.

(3.) The Recognition of Prior Learning involved the acknowledgement of a person's skills and knowledge acquired through previous training, work or life experience, which may be used to grant status or credit in a subject or module. The Recognition of Current Competence involved testing so as to be able to acknowledge competencies held by a person, acquired through training, work or life experience (National Training Information Service 2011).

For current practitioners

Current practitioners, potentially the largest, were the fifth group to which competencies may be applied. Because the adoption of competencies usually followed the adoption of MCPE, the use of competencies with MCPE to determine a practitioner's right to continue to practise their profession may have been expected. That outcome did not eventuate and competencies have not played a key role in permitting Australian professionals 'to continue in practice'.

Generally professions developed only one set of competencies, usually for entry-level practitioners. There were exceptions, eg. those in a specialisation and these are discussed later in this chapter.

The competencies developed tended to follow the example of the three sample sets in Chapter 6. However, there were occasional variations from, or additions to, that format. For example, the agriculturists' competencies (Figure 7) were part of a wider AIAS policy, which involved the creation of three stages within their competencies (Field 1993, p. 64).

These stages, shown in Figure 8, were designed specifically for agriculturally focused professions but there is some similarity with the research later in this chapter on the progression from novice to expert. The significance of degrees of practitioner's 'supervision' was the important agriculture-specific issue, as often the practitioner, in paddocks or on a remote property, was influenced by the ease or difficulty by which the less experienced practitioner had access to guidance and supervision. Degrees of required supervision were used to define the standards' three levels within the competency.

Figure 8: The three stages within the competencies for agriculturists.

Stage 1 (Entry Level)	No professional experience as an agriculturist
Stage 2 (Experienced Level)	Competence at unsupervised professional work
Stage 3 (Senior Level)	Demonstrated mature and autonomous work

Source: Standards for professionals in agriculture and agri-industry, Report, AIAS, 1994, p. 5.

The AIAS plan included the issue of the Institute's *Career action planner* (AIAS 1993), a guide for members' career development. The *Planner* included reference to the PAg designation noted above and professional development requirements linked to the designation. Few professions have introduced varying levels of performance or different stages to address the issue of practitioners becoming experienced or expert in their practice. Apparently investigating competencies for experienced practitioners, other than specialists and special designations, was not a priority.

The priorities were competencies focusing on the overseas trained person and beginning practitioners, leaving the largest group, the current practitioners, outside the competency development circle. The lack of attention to exploring competencies in the practices of experienced Australian practitioners was particularly unfortunate.

In research overseas, Benner (1984) focused on the process of moving from what she identified as novice to expert within the nursing profession. Further investigation by Dreyfus and Dreyfus (1985) identified a progression from novice to expert in a series of stages: novice, advanced beginner, competent, proficient and expert. The special designations however, noted in Chapter 5, were not directly linked to this research.

A feature of this novice to expert research was the practitioners' **learning** at these levels and how it varied. For example, Daley featured 'learning processes' and 'learning strategies' (1999, p. 144). Exploring these features was important because the novice's learning had been demonstrated as very different from the expert's. However, the lack of focus on these changing learning styles of practitioners meant that the possibility of CPE designed for these specific practitioners was not offered, even for special designations.

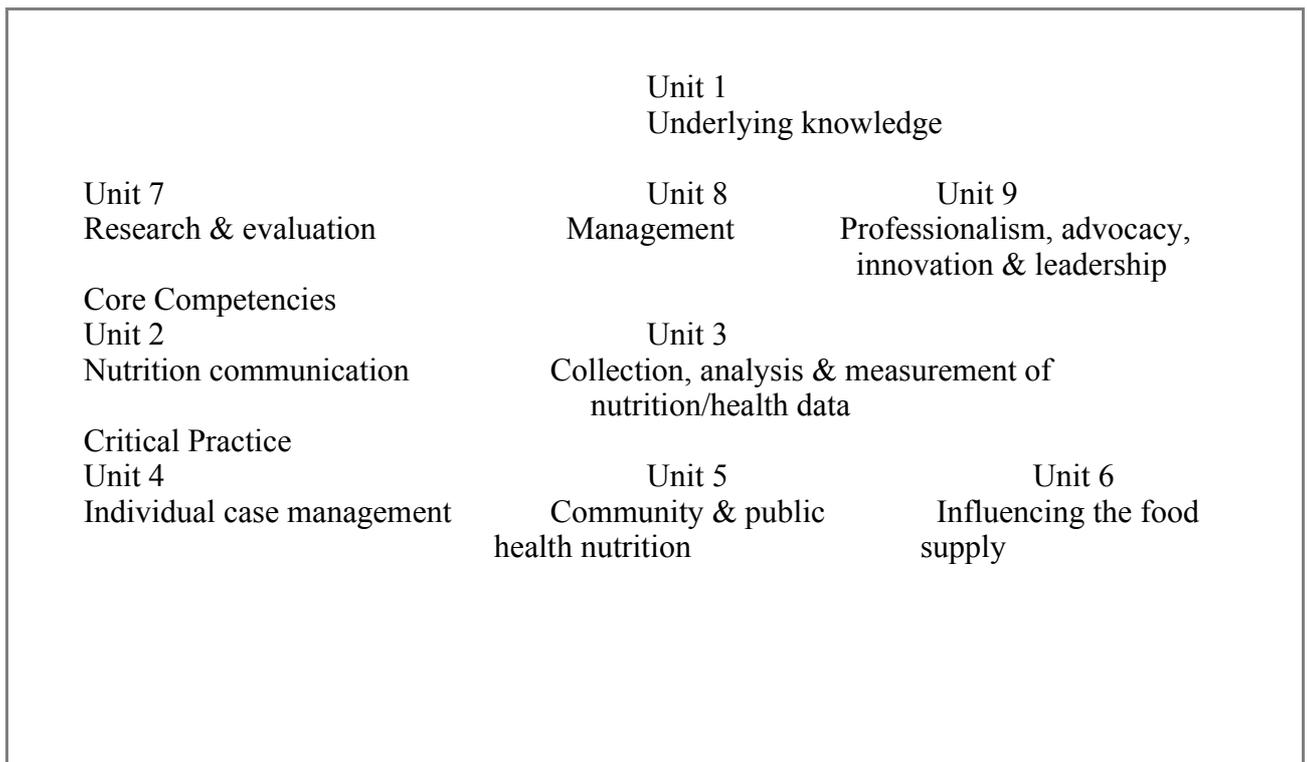
To this point reference has only been made to **one** set of competencies for a profession. While in some professions, the original 1990s competencies remained unchanged for many years, revision and up-dating were carried out in many professions. These changes were made without the feared ownership issues raised by the ACP and some associations.

Comparing a profession's competencies developed in the early 1990s with products of the current century provide insights into changing professional practice and the development of a different perspective on competencies, their uses or the availability of new techniques to assess competence in practice. As Stevenson asked (1996), have the definitions of key

concepts changed over this period? The following suggests a positive response.

The competencies for dietitians illustrate changing competencies and varied reasons for changes. DAA's 1993 competencies, included in Figure 7, were reviewed in 1998 and again in 2005. A major revision in 2008 resulted in new competencies in 2009 to encompass mental health competencies and current dietetic practice issues (DAA 2009, p. 4). Changes in Medicare (see Chapter 5) are also reflected in the 2009 competencies.

Figure 9: National competency standards for entry level dietitians 2009.



Source: Dieticians Association of Australia 2009

Figure 9 illustrates important changes from Figure 7. In 2009, there are 9 competencies contrasted with 8 in 1993. But in an evolving process, the 9 competencies have been structured into three groups and the new grouping does not follow the numerical progression. In the 2009 version, each of the headings listed was elaborated into a statement that continued the tradition of the competencies representing 'action'. For example Unit 8 was expressed as: 'Applies management principles in the provision of nutrition services, programs and products' and Unit 2 as 'Demonstrates effective and appropriate skills in listening and communicating information, advice, education and professional opinion to individuals, groups and communities'. These changes illustrate a tendency to group competencies so that the list was reduced in length and the important relationships between

separate competencies were highlighted. Finally, the potential of multiple choice questions (MCQs) in assessing competencies was being investigated as part of the examination procedures in these competencies.

The discussion associated with revising and updating the dietitians' competencies suggests that the role of competencies within professional education in Australia, but particularly for current practitioners, may be still an important 'unfinished agenda item' for the associations. Revising and updating competencies in a profession (for entry-level or other practitioners) needs to be an ongoing process because of changes in practice and the context of that practice.

For specialists

One 'new' area in which competencies were developed has been for specialist practice within the profession. The associations' initiative in this area is an important outcome of the introduction of competencies but also of their ability to accept opportunities presented. For some associations this opportunity was not 'missed'.

There were two possible responses by the association to developing new 'groups' within their profession: setting up a new independent profession or establishing a specialisation within the existing profession.

Physiotherapy provides an example of both responses. In World War II, a new approach was taken to treating the injured, different from the physical treatment of physiotherapy, and a new profession, occupational therapy, was created. In Australia, the professional association for physiotherapists, APA, provided assistance in establishing this new profession and its association (Anderson & Bell 1988, p. 14). However, at a later time, the APA under the heading of 'titling' established 9 groups within its own membership that are clearly identified as specialisations, namely Musculoskeletal, Sports, Animal, Gerontological, Neurological, Occupational Health, Cardiorespiratory, Continence and Women's Health and Paediatric (APA 2009). In the first instance a separate profession was established while in the second specialist groups within the existing organisation were formed.

The Manipulative Physiotherapy Association (MPA) set up a mandatory scheme for its members within APA, before APA had a general MCPE policy, as a means of

demonstrating its claim for the 'care of the back' in competition with the chiropractors (Magarey M.E. Personal communication 31/01/1991). The MPA has become the Musculoskeletal Group within APA, as noted above and confirmed by Hughes (Hughes S. Personal communication 12/04/11).

Further examples of the two responses are noted. The IEAust reaction to new specialist areas within engineering, eg aeronautical as a result of the production of the aeroplane, was to create within its structure specialist groups to cater for new specialisations within professional engineering. These specialist groups included mining, chemical as well as aeronautical specialist groups. This important policy is noted in the history of IEAust (Corbett 1973 and Lloyd 1991). Similarly the medical profession witnessed the development of new specialist groups, as research demonstrated the need for more detailed attention to specific areas of disease or areas for treatment, eg the brain, ENT, paediatrics and oncology. The medical profession brought into the twentieth century the option of individual specialist colleges and that process has continued. The irony is that the area of medical practice known as 'general practice' has also become a 'specialisation' through the 'College of General Practice'. The extent of specialisation in medicine is illustrated by the list of 'Australian Recognised Medical Specialties' (Australian Medical Council 2011). The list notes 18 specialisations linked to a specific college, and an additional 48 specialisations covered by 5 other colleges, a total of 66 specialisations linked to 23 individual colleges.

In relation to competencies, medical professions were not in the list of professions working with NOOSR and two leading academics associated with medicine, Pennington and Geffen, were critics of CBT. Competencies are not discussed in relation to medical specialisations at this time. However, improvements in assessing competencies, noted below, are linked to the acceptance of this approach within medical education.

The particular interest in the current discussion is how some associations chose to use competencies (together with or without MCPE) in managing specialisations within their profession. The Law Society of NSW is an example and provides continuity from the discussion of the Society's MCLE initiative. In addition this program has been subject to external evaluation (Centre for Legal Education and Livingston Armytage 1996), a rare event in professional education, and the focus of evaluative research (Athanasou 2006), also an uncommon occurrence.

Having initiated MCLE, the Society began to explore the possibilities of focusing on areas of emerging specialist practice within the profession to improve practitioners' competence in these areas and provide a means for their identification by clients. This project coincided with NOOSR's promotion of professional competencies : they were adopted.

The foundation for this approach had been established through the work of Gonczi (1993) and Gonczi, Hagar & Palmer (1994) and he became associated with the project. The three stage process of CBT, as outlined in Harris et al. (1995) was carried out. The Society had a board for its MCLE operations, so a Specialisation Accreditation Board was established to manage this program. The details below are from the *Specialist accreditation handbook* (Law Society of NSW 1994).

The 16 Family Law specialisation were:

1. Develops relationships with clients
2. Gathers & assesses facts & instructions
3. Plans timetable & course of action
4. Implements plans.
5. Acts as an advocate
6. Completes matter

(Gonczi et al. 1994, p. 140.)

The units follow in sequence the actions involved in dealing with individual Family Law cases.

Then there was the requirement to establish means to assess the solicitor's performance for each specialisation. The challenge was to select methods appropriate for each specialisation. The choices were guided by three principles: to assess as many competencies as possible in one assessment event, to use methods that were related to the real world of practice and to use a variety of methods (Gonczi 1993, p. 13).

The reproduction of a section of the program's evaluation (Centre for Legal Education and Livingston Armytage 1996, p. 35) illustrates the scope and methodology of the process. In the left hand column, the areas of specialist accreditation are listed and the other columns indicate the methods used to test competence in each specialisation.

Figure 10: Methods used to assess competency in legal specialisations

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Specialty area	written test	mock file	interview	simulation	resume of work
business law	X	X	X		
commercial & litigation law	X	X	X		
criminal law	X			X	X
employment & industrial law	X		X	X	
family law	X	X		X	
immigration law		X		X	X
mediation	X			X	
personal injury law	X	X	X		
property law	X	X			
taxation law	X	X	X		
wills & estate law	X	X		X	

Source: Centre for Legal Education and Livingston Armytage (1996, p. 39).

There were eleven specialisations in the evaluated program. Five assessment methods were used, two specialisations used two while the remainder used three methods. Comparing the methods listed above with those in Table 4 indicates how the narrower fields covered by specialisations allow methods related closely to the features of that specialisation and assessing more than one competency in each method.

The Society's program accredits solicitors who currently have practising certificates, have worked in the area of their proposed specialisation and allows them to 'advertise' their accreditation. Each area of specialisation is managed by an advisory committee responsible to the Board. There are assessors in each area of specialisation who are members of the advisory committee and outsiders, usually from other accredited specialisations.

In relation to MCLE, a practitioner by undertaking accreditation for a specialisation is accepted as completing the MCLE requirement for that year.

The evaluation concluded that the program was achieving its purposes. Notwithstanding its

support, the review suggested many points requiring refinement or clarification. Some observers may have been concerned about the review's sampling methods and the degree to which the clients involved in the review process were representative. However, the fact that the program was an innovation and that it had been externally evaluated was that information on a significant experiment on the use of competencies was produced.

The supportive nature of the evaluation was important for the Society had developed competencies and assessment for each specialisation rather than developing higher level competencies for generalists or a special designation. This evaluation also indicated that the Society's program provided a basis for further development but that there was the need for changes to the current program and more resources for its administration (Centre for Legal Education and Livingston Armytage 1996, p. 32).

The Accredited Specialisation program has developed so that in 2009 13 areas of specialisation were offered, as compared with the original 11. The 2009 list reflected changes in the law as well as new areas of interest for practitioners and consisted of:

business	children's	commercial litigation
criminal	dispute resolution	employment and industrial
family	immigration	local government and planning
personal injury	property	taxation
wills and estates		(Law Society of NSW 2009).

One salient point in discussing CPE across professions emerges from the clients' responses on the accredited legal practitioners was that 55% of clients were unaware their solicitor was a specialist (Centre for Legal Education and Livingston Armytage 1996, p. 163). Users of professionals' services, or perhaps those of legal professionals, apparently have little interest in CPE or special programs unless there is a public relations campaign as with the CPA designation in the 1980s. Clients appear to be interested in the reputation of, and their relationship with, the practitioner.

The specialisation accreditation program developed by the Law Society of NSW was established in the early 1990s as an extension from their MCLE program. In the program there has been an ongoing emphasis on both MCLE and competencies.

The second example is of competencies developed for a special area of practice, mental health, and the expansion of the Medicare program, involving social work and dietetics. This program has been noted above in Chapter 5 in relation to special designations.

A special set of competencies for mental health work was developed by AASW in the 1990s but these were revised as a response to the changing circumstances and entitled *Practice standards for mental health social workers* (AASW 2008). For social workers to qualify for the Medicare Provider Number, they must be a MAASW, provide evidence of at least two years' work experience and supervision in mental health and show these experiences meet the *Practice standards* (listed below), plus a description of their therapeutic practice and a testimonial from employer or supervisor. Having gained the Provider Number, retaining it required annually 30 CPE points related to mental health, resulting in a double CPE requirement, linked to MAASW designation and mental health (AASW 2008).

The special Practice Standards noted above identify six 'areas':

Direct practice	Service management
Organisational development & systems change	Policy
Research & evaluation & education	Professional development.

(*Practice standards for mental health social workers* AASW 2008).

For the assessment of the Standards, the term 'indicators' was used to identify the assessment (AASW 2008, pp. 4-5). For Standard 6.4. on 'Maintains professional development', there were 7 indicators, the first and seventh of which were:

- contributes to the field of education of social work students on placement in the mental health area, and
- undertakes postgraduate programs and research courses to upgrade professional qualifications. (AASW 2008, p. 33).

For dietitians to gain the Medicare Provider Number to work in mental health (and with those on Veterans' Affairs pensions), there was a requirement to be an APD and associated MCPE. But there was not a special set of competencies for mental health practice, rather the original competencies developed in 1993 (Figure 7) were revised in 1998 and 2009 (Figure 9). The latest competencies have been revised to 'encompass mental health competencies and current dietetic practice issues' (DAA 2009).

Broadening the practice of professionals, such as social workers and dieticians, to service mental health has been facilitated by combining two important features, MCPE and competencies. Specialisations and designations also reflect the different ways in which professional associations responded to the many changes that were impacting on their practices and their context. In the light of the major role assumed by the national government in the regulation of professions (Chapter 9), it is important to recognise the important initiative regarding MCPE and competencies in specialisations and designations as the work of the professional associations.

Competencies were used by the associations for many purposes, but as observed generally in relating CPE's tale, there were missed opportunities to use the competencies, and CPE, in other areas.

The problem of ethics in professional practice

The use of competencies in a range of professional practice areas has been explored. Problems have been identified in relation to the impact of competencies on CPE activities related to ethical issues in practice. The problem is that in many situations within professional practice a pre-determined course of action cannot be assumed. There is therefore a problem for professions and their CPE and the cause of the problem is the situation-specific nature of the ethical aspects of the practice event and the inability on occasions to decide on a course of action prior to the event. This special feature of professional practice has created problems for CPE related to ethical issues. The problem is related to competencies because of the apparent ineffectiveness of pre-determined responses in dealing with ethical situations in practice.

The requirement for those in specialisations and some special designations (Chapter 5) to practise according to a Code of Ethics has also focused attention on the issue of ethics in practice and the question of how CPE may be able deal with the problem. This problem is examined in Chapters 11 and 12.

Assessing the broader and longer term impact of competencies

Having reviewed the ways professions have used competencies, attention is drawn to their overall and longer term impact. Academics have been the major participants in this discussion.

Gonczi claimed that the level of involvement of Australian professionals in CBT was 'unique internationally' (1993, p. 3). The compromise in which he was involved contributed to that success. However, the estimation of the short term impact of CBT on vocational training generally from two other advocates was that it was 'greater than many of our colleagues in traditional institutions would believe but less than many in vocational education would hope' (Garrick and McDonald, 1992, p.185).

The NOOSR bridgehead was a successful method of infusing the new VET sector into the conservative area of professional education but the adoption of competencies was limited and patchy. The success of the adoption appears to have depended on the degree to which VET was accepted by the various professions.

Smith (1996) investigated the degree of penetration of CBT in Australia. Her study occurred when most of the NOOSR initiative was completed and the use of competencies had commenced. She concluded that the target set by the Education and Employment Ministers for implementing CBT was not reached. She noted the situation, already observed in this thesis, that 'the work was hampered by inadequate management information systems' (Smith 1996, p. 182). She also recorded that features, such as self-paced and workplace assessment, were not being adopted 'to any significant extent'. The penetration of CBT into industry was uneven across industries (1996, p.182) as was the use of competencies within the professions.

Because of my location in rural Australia, I became interested in the way VET was perceived and offered in regional and rural Australia. In two papers (Brennan 1995b and 1998a), I argued that VET, including that for the professions, had not made a significant impact on rural areas with which I had had contact. In addition, VET was not generally well understood or perceived as relevant in these rural and remote regions.

But the problem with respect to the integration of professional education into VET (where it should be a comfortable and well received partner because it is and always has been – vocational education and training) was that CPE was not identified with VET. Few MCPE Logbooks suggested that practitioners check CPE needs through self-assessment based on the profession's competencies. Physiotherapy was an exception (APA, 1998, p. 5). Further CPE was not acknowledged in VET. There was no specific data collection within VET on

CPE and no effort made to identify the providers, particularly the non-university, non-state department, non-RTO providers. The end of the Australian National Training Authority (ANTA) in July 2005, as announced by the Prime Minister, may have contributed to problems of communication and liaison between professions and VET (DEEWR 2005). CPE had progressed as an independent, professional association managed and developed form of vocational provision with only limited formal connections with VET. NOOSR not VET made the contact with the professions.

Notwithstanding these limitations, there were positive outcomes from the focus on CBT. One outcome was that many people from professional associations, higher education institutions, government educational and vocational bureaucracies as well as private consultants were involved in examining and assessing professional vocational behaviour.

A longer term outcome has been the development of the 'multiple-choice question' (MCQ) in the assessment of professional practice. The current use of MCQs in competency assessment is the result of extensive and long term research and development work internationally.

Developments with MCQs are briefly noted. Opposition to the use of MCQs in the early 90s was based on their behaviourist foundation that was the subject of the controversy concerning CBAE and Collins in the USA. As a reminder, Haladyna and Downing (1989, pp. 40-41) stated that MCQs were driven by 43 rules in their development and that those rules were written for vocational activity that was inappropriate for professional practice. But claims by Wass, Van der Vleuten, Shatzer & Jones. (2001, pp. 945-49) for measures to explore 'fitness to practice' in areas such as 'knows how' as well as 'knows' and by Epstein and Hundert (2002, p. 15) for more effective assessment tools provided the basis for the demand for MCQs. As a result, Collins – not Michael Collins - (2006, pp. 543-551) was presenting data on item reliability, validity, difficulty and discrimination and McCoubrie (2004, pp. 709-712) was arguing for the 'fairness' of MCQs. Such advocacy would not have appeared on agendas in the 'olden days' of MCQs with their strict behaviourist, value-free rules.

In the MCQ research noted above, Collins researched medical professions generally and McCoubrie worked in radiology. Reference to medical professions is significant, as they

were absent from the NOOSR operations and Pennington and Geffen were two medical academics opposed to CBT. Medical professions were slow to accept the potential value of competencies, in contrast to their acceptance of MCPE. Medical professions have however become involved in the development of MCQs. Evidence of this has been the Australian Medical Council Report for 2010 that highlighted the planning and improvement of its use of MCQs (AMC 2010) and in another document noted that MCQs joined modified essay and clinically structured examinations as their 'highly reliable methods' for assessment (AMC 2010a).

In addition, the challenge of explaining and assessing professional practice resulted in R&D activities contributing to an understanding of the field. For example, Dawson and Worrall (1993) explored the role of critical incident interviews in validating competency based occupational standards for entry level speech pathologists, while Dalkin (1993) reported on a scheme to use the ANRAC competencies in assessing overseas qualified nurses, noting that some of the techniques were successful but that some problems were encountered and Jasman (1993) proposed a strategy for teachers to self-appraise their understandings of their professional role. This was single profession work, seldom recognised or tested in other professions but these studies were shared at the 1993 UNE CPE Conference.

In other instances, there were profession-specific outcomes that had wider implications. For example, Gonczi, Hager, & Oliver (1990, p. 67) reported that the identification of five levels of operations within the engineering profession was advantageous to a number of industries and a range of occupations in understanding needs for initial training and the movement of individuals from level to level within the industry. Nicolson and Bridgland (1999) reported on the use of the training package developed from the competency standards established for library and information services personnel in the staff development program at the library of the University of Melbourne. But these developments were rare compared with those based on the trades.

From the point of view of this thesis, the longer term impact of CBT on CPE is most important. Noted are the views of four writers whose work on MCPE and CBT has been quoted. The first two, Hagar and Gonczi, claimed (1991) that competency based standards would be a 'boon for CPE'. Their claim was based on the assumption that CPE provision had been very *ad hoc*

and lacked systematic planning or general principles on which it was based. CBT would fill this gap and provide a basis for CPE's planning, delivery and assessment. There is a lack of cross-professions' evidence to support that the 'boon' was achieved, though an example of the use of competencies in CPE for pharmacists is noted below. There may have been increased CPE participation in some professions in the 1990s but that cannot be linked to a re-structuring based on CBT.

Hager and Gonczi's 1991 suggestion of a 'boon for CPE' was updated and extended by Hager, Gonczi and Athanasou in 1993. The opportunity is taken to examine the degree to which the claims of the 1993 elaboration substantiate a 'boon to CPE' or whether CBT was another 'missed opportunity' for CPE. Eight ways in which CPE would be assisted were identified:

- a. Enable clear objectives for CPE programs to be set that meet the real needs of the profession.
- b. Provide a means of assessing effectiveness of competencies gained through CPE courses based on achievement and performance levels attained.
- c. Provide a way of accrediting genuine self-initiated/self-managed learning that is relevant to the profession.
- d. Enable delineation of a career path from novice through to expert, so the role of CPE vis-a-vis initial courses can be clarified.
- e. Provide a basis for national planning of CPE allocations from the resources of the profession.
- f. Provide evidence of the contribution of CPE to furthering of professional standards, and
- g. Enable CPE programs to be adapted quickly to meet changing labour market requirements.

(Gonczi, A., Hager, P. and Athanasou, J. 1993, pp. 9-10.)

In relation to a. there was limited use of the profession's competencies in providing specific objectives for CPE programs, though an example from pharmacy is noted below. What may be questioned is the degree to which such a procedure would reflect the 'real needs' of the practitioners. Limited use has been made of b. because of a failure to relocate the emphasis from inputs to outputs in judging MCPE's effectiveness. The third way offered a means to recognise the self-initiated learning noted above as that of the four retired practitioners but also represented a means of introducing VET concepts such as RPL and RCC.

The non-use of these VET-based procedures is a commentary of the lack of adoption of VET into CPE. The recognition of the novice to expert dimension in relation to practitioners in d. is significant and the demarcation between CPE and initial bachelor courses is an important difference to be stressed. Nevertheless there is no evidence that the CPE offered for example to those with the special designations has been delivered in a manner that acknowledged the different learning styles of these 'advanced' practitioners. The possibility of achieving item e. would be limited because of the market driven nature of CPE and the great variety in, and competition between, providers. Item f. sought to support the contention that MCPE supporters had consistently argued that MCPE maintained, or in the words of this item, 'furthered' professional standards. The jury has not returned a verdict on MCPE, and a decision on competencies has not been proclaimed. The final point g. assumes that labour market requirements will be noted and quickly impact on competencies: the advocates of CPE would retort that market driven CPE is likely to be able to respond as quickly or perhaps more quickly. These particular issues did not arise in the professions and their associations as competencies were adopted. In terms of these specific ways in which competencies were to be a 'boon' for CPE, the conclusion is that the boon was not achieved.

From the point of view then of those centrally concerned with the introduction of CBT to the professions, their perception of the impact of CBT on CPE was assessed as being limited, or another 'missed opportunity'.

The fourth writer, Nelson, whose work focused on MCPE, the law and NSW, offered a challenge that was different from that of Hagar, Gonczi and Athanasou. Having argued through the policy options for CPE, he reflected on the next step in developing CPE once MCPE had been accepted as a *fait accompli* (1988). He identified the new problem to be addressed: how the programs offered under MCPE schemes could be designed to make them meaningful learning experiences for the (adult) participants (1988, p. 101). However, his identified problem was unfortunately not recognised or addressed.

What the evidence from the claims and expectations of these four writers suggests is that while there was the possibility of major changes in CPE policy and delivery as a result of MCPE and CBT, administrative issues and traditional procedures may have been effective in ensuring the retention of older practices.

There is another consideration in the question of the professions' relationship with VET. The professional associations were major providers of CPE. The official channel for providing VET programs was through Registered Training Organisations (RTOs), just as the Training Guarantee had RITAs. The current registering agency for RTOs is the Australian Skills Quality Authority (ASQA). RTOs were attractive to the associations if they planned to offer their CPE/VET to persons from other professions or non-professionals. The associations managed their own MCPE for their members but being an RTO involved becoming an integral part of the VET system and that created a problem for some associations. In my discussions with the associations, the emphasis was always on the problems, too much regulation, too much reporting and too many changes over time in the systems. This irritation, I suggest, caused difficulties for the associations' relationship in the VET system and a negative attitude to VET. My recent research on this question has not been extensive but website data show that CPAAustralia, the Australian Human Resources Institute, the Australian Computer Society and the the Australian College of Pharmacy are current RTOs and the Institute of Public Accountants (formerly NIA) has cancelled (Training Australia). Exploration of the associations that have been RTOs and their reasons for joining and cancelling may reveal the changing relationship between CPE and VET.

Having noted the problematic VET/CPE relationship and limited impact of competencies in CPE, the following example from the PSA illustrates the opposite situation. The PSA with NOOSR support developed entry level competencies in 1994 (PSA 1994) which were re-developed in 2003 (PSA 2003). The PSA's *Australian pharmacist*, an important information source for pharmacists' CPE, provides a practical use of competencies in CPE. The journal's articles dealing with CPE have as the first part of their presentation a block in which are noted the 'learning objectives' associated with the article and then a listing of the specific competencies related to the article's content. In the October 2009 number, Pradeep's article 'The management of insomnia' (Pradeep, G. 2009, pp. 850-853) has the block indicating the four learning objectives to be achieved after reading the article and beneath these objectives the competencies addressed are listed. In this instance there are 6 competencies. For example Area 3 is concerned with 'Promote and contribute to optimal use of medicines' while Area 6 is about 'Provide primary health care'. The competencies are focused on the outcomes of CPE learning and their relevance to specific areas of pharmaceutical practice defined in their competencies. This is an example of deep level, but unfortunately rare, penetration of competencies into practitioners' CPE.

Further the emphasis is on learning outcomes in practice.

In areas in which CPE may have been recognised as a valuable contribution, many opportunities were missed. For the NOOSR applicants, the potential to adapt CPE programs was not exploited. For those domestically seeking to re-enter practice, neither competencies nor CPE were generally adopted and existing CPE programs were not re-designed for this group. RPL and RCC together with CPE from the former profession were not considered for persons changing from one to another profession. In CPE, competencies never became a major factor in its planning, delivery or assessment. The PSA example is a rare case of that degree of competencies' penetration. Areas exhibiting a stronger impact were specialisations and special designations.

It is evident from the compromise reached regarding the 'Australian' version of professional competencies that a new basis for the first stage of professional education was established. Competencies have also been adopted in other areas of professional education and practice with varying degrees of success and not used in other areas where they may have been useful. In relation to providing an explanation of the nature of professional practice and a basis for CPE, competencies have been demonstrated as being inadequate and this issue will be examined in Chapter 10. Beyond the question of the failure of competencies to provide a 'boon' for CPE, there is the unresolved question of how in the contemporary situation, ethical concerns of professionals in their practice may be dealt with in the CPE program.

Looking forward, looking back

Two 'educational' policy areas have been examined. They had different origins and were dealt with in different ways. Government had limited association with MCPE but the national government was heavily involved through its agencies in competencies. The professional associations had a major role in both policies.

The discussion of the adoption of these two policies covered a comparatively short period, from the beginning of the ASA's MCPE in 1985 and the rush to complete competencies in the early to mid 1990s. MCPE and competencies continue to be central policy concerns in CPE. These important changes over a short period illustrate the centrality of change in contemporary society. To provide the background to the ongoing development of MCPE and competencies, as well as the third policy area relating to regulation, the next chapter focuses

on the changes that occurred and impacted on professional practice and CPE in the 1990s and up to 2010.

Chapter 8: Changes impacting on contemporary professional practice and CPE

Introduction

In Chapter 6, four types of influences on professional education and CPE were identified and related to vocational education and training at that time. The following six topics provide background to the regulation issue in Chapter 9 but also illustrate the changing context for professional practice and CPE. They are consumer protection, competition in the market place, risk, the global dimension, a new type of compliance and the ideological context.

Consumer protection

The first topic reflects changes in terminology and community values. In the 1960s professionals offered 'services to clients' (Schein 1972, pp. 8-9): in the 1990s professionals provided a *product for consumers*. Consumers were different from clients, better educated and more aware of their rights. They may draw their own conclusion rather than that of the professional, contrasting with Schein's view that the professional 'knew better' (1972, p. 9). While some consumers had confidence to confront the professional, others were perceived as being subject to the power of the professional and needed protection from powerful professionals. Critics of the professions, such as Illich, Zola, McKnight, Caplan & Shaiken, argued that professions were 'dominant' and that to be able to respond consumers had to understand the four pillars of their control: the nature of professional dominance, the effects of professional establishment, the characteristics of imputed needs and the illusions that have enslaved the clients to professional management (1977, p. 15).

In their disciplinary role, professional associations had committees to which consumers could appeal and those found guilty of inappropriate professional behaviour could be penalised. For example, the Law Society of New South Wales regularly advertised for community members to join its committees including the Professional Standards Committee (Law Society of NSW 2007 Report). In addition to the professional associations, non-government organisations (NGOs) supported consumers. The NGO, Choice, was founded in 1960 to help and provide information for the consumer (choice.com.au/about-us.aspx). National and state governments have the *ombudsman* to whom consumers may make complaints, ask questions about decisions or seek support in a disagreement. There is a Commonwealth Ombudsman to whom complaints about all Commonwealth Government's Services may be addressed (ombudsman.gov.au) or specific areas such as

telecommunications with its own Ombudsman (tio.com.au). Agencies established to support consumers, sometimes labelled 'professional watchdogs', are part of the contemporary landscape for professional practice.

The Health Care Complaints Commission (HCCC) was established by NSW Health Care Complaints Act in 1993. The Mission of the HCCC (Annual Report 1994-95, p. 5) was to act 'in the public interest by investigating, monitoring, reviewing and resolving complaints about health care with a view to maintaining and improving the quality of health care services in New South Wales'. The HCCC was not only a repository for complaints but an organisation to enquire into, and follow up, complaints.

The HCCC Annual Reports provide data on complaints, investigations and action on complaints and individual case studies (eg HCCC Annual Report 1998/99, pp. 11-48: HCCC Annual Report 1999/2000, pp. 48-68). They also present a commentary on the performance of health professions. Table 6 records complaints received by the HCCC about ten professions over twelve years.

Table 6 indicates an increase in complaints. However to appreciate fully these figures, practitioner numbers in each profession and some indication of the nature of the complaints are required. Data are not available on a comparative basis over an extended period, because the categories used to describe complaints have changed. However, data from a later HCCC Annual Report (2004-5, Table 45, p. 88) revealed the complaints about these professions cover the whole area of professional practice, from 'treatment' and 'professional conduct' to social issues like 'discrimination' and 'communication' to legal areas such as 'consent'. Complaints also relate to practitioners as individuals and professional team members.

The data suggest that many clients of NSW health service professionals were not satisfied with the services received, confirming the need for the HCCC, and CPE.

Table 6: Complaints received about IO professions in NSW, 1993-2005

Profession	1993/4	1997/8	2004/5
Medical Practitioner	840	989	1131
Nurse	65	89	477
Dentist	13	16	169
Pharmacist	10	6	23
Psychologist	13	58	66
Physiotherapist	3	9	13
Podiatrist	3	5	10
Optometrist	5	14	12
Social Worker	na	7	4
Chiropractor/ Osteopath	12	na	19

na = data not available

Source: Health Care Complaints Commission *Annual reports* 1994/5, p. 7; 1998/9, p. 6; 2004/5, p. 88.

In addition, the professional registration legislation of the 1990s and this century, noted in Chapter 9, included consumer protection. For example in the 2003 and 2005, NSW legislation relating to Valuers introduced 'changes designed to increase consumer protection' (Annual Report NSW Department of Commerce 2004/05. p. 129).

The HCCC reports also reveal that CPE was part of the Commission's repertoire of follow-up actions. The 1999/2000 Report's Case Studies cited the example of a general practitioner who had provided 'poor treatment for obesity' for a female client. The report noted: 'The Commission also recommended that as Dr C appeared to be professionally isolated, he should undertake continuing general practice education to give him the opportunity to discuss the management of common general practice conditions with his peers' (1999/2000, p. 60). CPE was not a punishment but a means to assist the GP overcome a problem and improve practice. The example demonstrates that general statements about using CPE to solve problems may be less successful than specific recommendations focused on individual needs.

The HCCC brief included penalties for practitioners within the Act:

- receive and assess complaints relating to the health service providers in NSW,
- resolve or assist in the resolution of complaints,
- investigate serious complaints that raise questions of public health and safety,
- prosecute serious complaints (HCCC Act 1993).

The prosecuting of complaints was reported on the website's home page under the heading of 'Media releases'. One example noted that for three professionals, a medical practitioner, pharmacist and midwife/nurse, the penalties ranged from a reprimand and conditions imposed to de-registration for a limited or an unspecified period (HCCC 2005).

Support for consumers through government and NGO agencies has become a recognised part of the system within which professionals practise.

Competition in the professional market place

The second topic also relates to changing terminology and social values. The use of terms such as *consumer*, *market place*, *competition* and *product* in this Chapter illustrates the degree to which economics had penetrated the language of the professions. Economic terms had been used to discuss professions in earlier times. Becker (1962, p. 39) perceived the 'private practitioner' as the ideal setting for a professional. By the 1990s, the free marketeers were proclaiming that the free market for professional practices should be written into law.

One reason for changing the Foveaux legislation (see Chapter 9) was the 1995 Commonwealth and States' agreement to implement the National Competition Policy, proposed by the Hilmer Report (1993) (4.) As the professions perceived that the adoption of an open market and more competition may be detrimental, their response generally accepted competition policy 'in principle' but with reservations.

(4.)The Hilmer Report was the 1993 report of the National Competition Policy Review Committee, whose chairman was Professor Frederick George Hilmer. His career had been in the business and academic fields, as an academic and President and Vice-Chancellor of the University of NSW and the CEO of John Fairfax Holdings (uninsw.edu.au/about-us/president/biog, accessed 10 October, 2011).

The ACP responded on the professions' behalf in two documents on Competition Policy written by ACP Presidents. In a letter, Southwick (1995, p. 4) noted that the implementation of the Hilmer recommendations had produced 'a pronounced degree of uncertainty' among professionals. In the introduction to an ACP policy on Competition, Morton (1998, p. 3) argued that the implementation of competition policy appeared to involve removing barriers with a consequent negative impact on the public interest of the professionals' clients. The ACP expressed professions' concern on the impact of increased competition. Nevertheless, the professions survived a national competition policy.

The cases of the architectural and legal professions illustrate this issue. Architecture has been selected partly because it was required to be registered in all states and territories (Figure 12 in Chapter 9) and because it was the subject of two national reports, the first by the Trade Practices Commission *Study of the professions - Architecture final report* (September 1992 - referred to as TP 1992) and the second by the Productivity Commission *Review of legislation regulating the architectural profession* (November 2000 - referred to as PC 2000). The reports provide a picture of architecture over a decade. They were critical of the profession, the relevant regulatory legislation and the professional association, the Royal Australian Institute for Architects (RAIA). The reports were concerned how the market in which architects operate encouraged practices unfavourable to that market, particularly on behalf of consumers.

An example was the restrictive use of the term 'architect' and adjectival derivations. Persons in other occupations also provided services in 'building design', eg building designers, builders, project managers, engineers, town planners and draftspersons (TP 1992 Section 10, PC 2000 2.4/3) and the restricted use of the title was therefore inappropriate. Within the building design services market, those with the architect title were used by different types of clients but there was no clearly segmented market (TP 1992 Section 3, PC 2000, p. 10). The reports also demonstrated that the Foveaux legislation was not the only important regulatory system. There were building and planning regulations, environmental protection, consumer support legislation plus OH&S regulations impacting on building design and architecture (TP 1992, Section 3, PC 2000, 3/10). At the time of the Productivity Commission work, there were claims (Ward, P. 2000, July 12, p. 48.) that Australian architects wishing to work for overseas clients on building projects were required to have some form of registration to

be able to offer these services. The PC argued that this issue alone was insufficient to require national legislated registration (PC 2000, p. 6).

While the Trade Practices Commission was supportive of MCPE requirements for re-licensing as proposed by the Architects Accreditation Council of Australia (AACA) (TPC 1992, p. 43), the Productivity Commission (PC 2000, p. 196) was concerned about the compulsory professional development proposed by the AACA in its National Legislative Guidelines. In a free market, there should be no need for compulsory education programs, according to open market advocates.

The Productivity Commission was required to recommend an outcome from its review of existing legislation. Recommendation 12.1 commenced by proposing the repeal of the current State and Territory Acts and allowing the profession to develop a national non-statutory certification and course accreditation system that met requirements for Australian and overseas clients. There was an option for the architects to be linked to State/Territory registration regulations for the building industry with appropriate recognition of consumer complaints and independent disciplinary procedures (PC 2000, pp. 202-203).

These two reports demonstrate the vital importance of the professional association being aware of practice conditions in their industry, other occupations' contributions, how consumers were using the profession's services and current economic and legal issues significant to members and their practices. For the RAlA to present inaccurate information to the Commissions was unlikely to promote the profession's cause.

The issue of different professions challenging each other for a type of client or area for treatment was noted above with the conflict of chiropractors and physiotherapists over 'the back'. That conflict was solved in the market place. However, as a result of accepting the value of an open market, there were changes made through legislation to professionals' work to expand the practice areas of occupations into those previously the sole province of professions. For solicitors in New South Wales, conveyancing associated with changing land ownership was permitted by those accepted as conveyancers as well as solicitors who previously had sole responsibility for that service. The new roles for conveyancing were set out in the Conveyancers Licensing Act 2003 and the Conveyancers Licensing Regulation 2006 (NSW Fair Trading 2009).

Amidst the activity to review legislation to ensure competition for professionals, there were different responses to this call for change. As noted in Figure 12, Chapter 9, some veterinarians were required to be registered in several states/territories. In the *Review of the NSW Veterinary Surgeon's Act 1986, Issues Paper* (April 1997), the veterinarians supported the ongoing registration of their profession. But they used the review process to extend the agenda beyond competition. For example, in the outcomes of a Workshop held in conjunction with the review, May 7-8, 1996, veterinary surgeons called for discussion to focus on 'animal health service providers' including veterinary nurses, equine dentists, animal chiropractors, footrot and mulesing contractors, inseminators, acupuncturists and farriers. They also agreed that this group of 'providers' should have Standards and Discipline, some special services provided only by veterinary surgeons and that regulations should be aimed at the protection of animals and the public interest (1997, pp. 29-31). This was a call for industry-wide change.

The professions received 'special attention' in the early 1990s from government agencies like the Trade Practices Commission. The professions included traditional and larger professions, eg the law, accounting and as noted architecture. From the *Discussion Paper Regulation of Professional Markets in Australia: Issues for Review* (1990), to the *Study of the Professions: Accountancy* (1992) and the *Study of the Professions: Legal* (1994), there was an in-depth study of these professions and their operations. A key issue was competition but their regulation and de-regulation were also noted. Through the three TPC reports, the implications of these studies for professions as a whole were exposed to the professions and the public.

A competition issue that was not raised was whether the professional associations because of their apparent domination of CPE policy-making and provision exercised some competitive , and therefore inappropriate, advantage over other CPE providers.

The origin of topics noted to this point in this chapter has been primarily economics. Influences in the following discussion had their origins in law and mathematics.

Dealing with risk

MCPE advocates focused attention on the 'laggards', those not participating in CPE and

likely to display incompetent practice. Participation in MCPE was **the** means by which this 'risk' problem would be overcome. What became evident in the mid 1990s was that there was a shift in the focus of the debate. The emphasis moved from seeking to remove all possibilities of risk to the goal of 'risk reduction'. The change was evident in my meetings with associations' CEOs and CPE personnel at that time. Was that an admission that MCPE had not fulfilled its original purpose? Whatever the answer, the change in emphasis suggests that a re-focus on the reduction of risk offered the possibility of providing more demonstrable evidence of movement towards the goal of risk minimisation. The language focused on 'risk reduction/minimisation' and data on degrees of risk were calculated.

As with the competition topic, the ACP sought to define an answer to 'risk' for its members. In *Dealing with Risk: Managing Expectations* (ACP 1996), the problem was identified as 'the need to understand the gap between the expectation which demanders have of providers and the ability of providers to deliver' (1996, p. 2). The argument continued by noting the 'social construction of risk' and the degree to which the subjective and objective elements in risk were present and the degree to which the personal may dominate. This latter assertion was important because of the tradition for many professions to rely on a technological, or objective, construction of risk: there are 10 chances in 100 that there will be this genetic outcome; this land will be flooded by a 1 in 100 year event. The professions had to manage the differences between the consumer's expectation and the possible limitations of current technological methods (1996, pp. 2-3). Not only was the practitioner being required to adjust to dealing with the consumer, but also to acknowledge that the consumer's perception of risk associated with the practitioner's treatment or advice may differ considerably from the practitioner's perception of that risk. Dealing with 'risk' is raised in the Chapter 11 discussion of genetic counselling.

These different emphases in interpreting risk provided a challenge for professional education and CPE. The ACP's 'risk' publication offered 'A 10 point guide to good practice' (1996, pp. 33-35), point 9 of which referred to professional development. Nevertheless, the potential for practitioners to become involved in practice situations containing risk levels required accessible information and support. A CPE course next month may be too late to resolve the practitioner's current problem.

In the 1980s and 1990s the professional associations adopted MCPE and that change was

supposed to ensure the total removal of risk. But that claim was not generally codified into legislation or included in formal agreements but was rather a private affair between the association and its members. When 'risk' became an issue in the 1990s, the associations were not sufficiently prepared for the niceties of the legally refined issue of minimising risk. Issues in the 1990s appeared more complex than in the 1980s.

The HCCC data in Table 6 show that from 1993-2005, there was an increase in consumers' complaints regarding the services of the practitioners in ten health professions.

As consumers of professional services with the assistance of solicitors to guide them through the legal minefield as well as corporate clients with teams of lawyers at their side sought to challenge the professionals on the question of risk associated with their practice, professions found themselves in the defensive mode. Risk had become a legal issue.

An agency based within the NSW Attorney-General's Department became responsible for developing a response to the 'degrees of risk' problem. This initiative originated within a state bureaucracy. Programs and policies discussed to this point in CPE's story have generally originated at the national level, eg competencies through NOOSR. This project began in one state and spread to all states and territories.

The Professional Standards Act was enacted in NSW in 1994 and the Professional Standards Council (PSC), the agency to assist professions cope with the problem of risk, was constituted in 1995. The project began at a time when changes were being made to the Foveaux system as a result of national competition policy (in Chapter 9) and the 'professional standards scheme' was included as an option for future action in proposed changes for the registration of NSW valuers.

The PSC program responded to the problem identified by the ACP regarding the gap between the clients' expectation and the provision of funds to satisfy that expectation level. The PSC schemes established a cap on the maximum level of liability for the practitioner. 'Schemes' were negotiated between the PSC and individual professional associations. There were specific requirements placed on the individual practitioner detailed below. Each scheme was reviewed by the PSC and included in the PSC's Annual Reports, a source for the details of the schemes. The PSC schemes demonstrated that it was aware of recent

developments in relation to ethical codes and MCPE, as well as risk.

The activities associated with implementing the competition policy exposed the professions, so they told me at meetings, to new challenges. The PSC offered protection in this 'uncertainty', a condition identified above by the ACP as impacting on the professions.

The PSC approach developed in two ways. The scheme was gradually adopted by all states and territories, with Acts passed and Councils established between 1997 and 2007 (PSC 2009). Secondly, the PSC developed research and policy activities. eg. in ethics and soft skills associated with professional practice. These areas are explored in Chapter 11. Professional associations were encouraged to promote the PSC schemes to their members. There was no immediate or widespread acceptance of the schemes. No profession from the health industry is represented in Figure 11 in spite of the HCCC data on consumer complaints. The PSC project was not commercially successful.

The conditions in the PSC Scheme for Australian Computer Society's members were:

- to be a CCP, (ie Certified Computer Professional),
- have the liability for ACS CCP members, \$1.5 million,
- undergo a rigorous risk assessment process,
- be bound by the ACS Code of Ethics and Code of Professional Conduct,
- required to undertake 30 hours of CPD activities, and
- be subject to a complaints and discipline system (PSC 2009).

Figure 11: Professional associations & PSC schemes 2012

	Professional Association	In force /application
<i>Accounting</i>	CPA Australia	if
	Institute of Chartered Accountants in Australia	if
	Association of Taxation and Management Accountants	a
<i>Barristers</i>	NSW Bar Association	if
	Victorian Bar Association	if
	South Australian Bar Association	if
<i>Building Consultants</i>	Australian Society of Building Consultants	a
<i>Engineers</i>	Engineers Australia	if
	Investigative & Remedial Engineers	if
<i>Computer Professionals</i>	Australian Computer Society	if
<i>Solicitors</i>	Law Institute of Victoria	if
	Law Society of NSW	if
	Law Society of South Australia	if
	Law Society of Queensland	if
<i>Surveyors</i>	Professional Surveyors	if
<i>Valuers</i>	Australian Property Institute	if
	Australian Valuers Institute Cooperative	if
if = scheme in force	a = application being processed	

Source: PSC 2012.

The scheme was managed by the Professional Standards Management of the ACS.

The jurisdiction of the Scheme was identified for NSW only but would apply to the other states/territories under mutual recognition provisions.

The management of risk for professionals remains an ongoing problem.

The PSC schemes, now a national program, offer a means for the professional association to cover that risk but there is a price in monetary terms and additional regulations.

The scheme represented a new perspective on professional regulation emphasising the reduction of risk. The remedy included MCPE and adherence to an ethical code and/or standards of performance. The methods prescribed however are difficult to assess.

To this point in examining professional regulation two factors are significant. The first is the potential role of the professional association but also the high level of work and expertise required to work effectively for their members' best interests. The other factor is that those seeking an open market and greater competition favoured less regulation but for those seeking to protect consumers, regulation and penalties are absolutely necessary. So for professional regulation, the questions remain 'to regulate or not to regulate?', 'to what extent?' and 'in what areas?'

The global dimension

In their emerging histories, Australian professions were influenced primarily from two sources, the UK and the USA. Early in the twentieth century professions such as pharmacy, medicine and accounting were strongly influenced by traditions from the UK. Medical colleges were called the Royal Australian or Australasian College of this or that speciality with links to a College in the UK. In training for pharmacists in NSW post World War II, there was a strong preference to use British trained staff as lecturers in the local university pharmacy programs (Haines 1976, 287ff). The origins of dietetics in Australia were linked to the USA and a Professor of Surgery, Malcolm MacEachern, whose visits to Australia in 1924 and 1925 resulted in programs for nurses in dietetics being set up in Melbourne and Sydney (Clements 1986, pp. 140-142). In the 1980s USA developments impacted on the accounting profession, formerly strongly linked to the 'old country', and the term 'Certified Accountant' was borrowed from the USA.

After World War II, the creation of the United Nations Organisation, improved international travel and communication facilitated contacts between nations. Marshall McLuhan claimed in *Understanding media: The extensions of man (1964)* that the world had become 'a global village' and by 2000 for people in many nations that goal had been realised.

So this new global dimension was recognised in the world's trade and commerce, finance

and banking, eg *Australia reconstructed* (1987). There were also global health policy considerations, regarding diseases and resulting pandemics and epidemics and their control and hoped-for abolition through mass immunisation.

This global dimension became more important for the professions. The global impact on the 'technical' aspects of professional practice is recognised but not explored but rather aspects relating to professional education, with implications for CPE. Two aspects of this global impact are discussed, the issues of 'standards' and 'mutual recognition'.

This awareness of the global dimension has not been sudden. In the 1996 NOOSR publication on Professional Education and Credentialism, one 'other issue' raised was that of the global dimension of professions and mutual recognition (1996, p. 63).

In 2008 there was a global financial crisis. The financial systems of nations had become so inter-connected that problems in the USA with unsecured loans and failing financial schemes that were structured outside the generally accepted limits of risk had implications for both developed and developing nations. The crisis was a global reminder of the significance of the issue of 'risk'.

In the global financial world, an agency focused on the regulation of standards for the world's accounting professions is the International Federation of Accountants (IFAC), established in 1977 with 157 members in 123 countries (IFAC 2009). The members include Australia's three professional associations (IFAC 2009). IFAC's goal is "to protect the public interest by encouraging high quality practices by the world's accountants" (IFAC 2009). Its Mission Statement and Strategy states that the public interest will be served by 'promoting adherence to high quality professional standards, furthering the international convergence of such standards and speaking out on public interest issues where the profession's expertise is most relevant' (IFAC 2009). These statements reflect national policies of national associations but IFAC's goals are global.

The membership of IFAC by the Australian accounting associations is not a token gesture, as there are important processes through which member organisations must proceed such as the IFAC Compliance Program (IFAC 2009).

The IFAC basis for the training and ongoing practice of accountants globally is the

Competency framework and map for the CMA Professional (IFAC 2006) (5.) Competencies have a global dimension. In discussing competencies for Australian professions, the international dimension was not stressed because of the emphasis on the national situation. However in the current century there is a global consideration, but not control, on national factors such as competencies.

It is difficult to assess the impact of IFAC standards on the Australian situation. For individual practitioners the impact may be negligible but within the three professional associations, the IFAC documents are known and considered for decisions about issues on which IFAC has policies. Two examples illustrate this impact. For Chartered Accountants, in their *Accounting & assurance news today* in Issue 31 for August 7, 2009, three of fourteen items, including the first, had IFAC in the heading (ICA 2009). When the Deputy CEO of the NIA visited the UNE campus in 2002 to discuss a new Master level award for Institute members, he shared with academics a document on IFAC's latest requirements relating to the proposed award. I met with the NIA Deputy CEO during that visit.

The impact on individual professions in matters such as standards will vary in terms of the status of the global level organisation and domestic conditions.

Also, the recognition of initial awards for training professionals has been facilitated through global arrangements. As noted in Chapter 7, the Washington Accord details the awards that are acceptable globally for entry into engineering (Jones, G. email 22/06/09).

The term 'mutual recognition' is used in the global context to refer to practitioners being accepted to practise in nations other than the one in which they trained. This process has extended beyond the 1990s NOOSR operation on competencies.

Australia and New Zealand established a scheme in May, 1998. In the official announcement of the agreement, the Chair of the Council of Australian Governments' Committee on Regulatory Reform, Wilkins, noted that a premise of the scheme was that 'services provided by a person registered to practise an occupation in one participating jurisdiction should be acceptable in the other' (Wilkins 14/04/1998) and the podiatrists' qualification is accepted on

(5.) CMA refers to the Certified Management Accountant (International Federation of Accountants. On compliance requirements. Accessed from <http://www.ifac.org/ComplianceProgram>, 9 November 2009.

both sides of the Tasman (Australian and New Zealand Podiatry Accreditation Council, ANZPAC 2008) .

Mutual recognition has become important for the professions globally. Two sets of factors are associated with this movement, push and pull, that is pressure to leave a country and the attractiveness of living and practising in another country. The migration of professionals to Australia has contributed to solving potential professional workforce problems. The shortfall in school teaching numbers in the 1960s resulted in overseas trained teachers filling vacancies, especially in rural schools. I taught in rural high schools in that period and had staff members from the USA, Canada, Northern Ireland and Egypt. The lack of teachers continued and reports by the Council of Deans of Education (Preston 1992, 1997 and 1998) indicated the ongoing 'supply problem'. Global answers may contribute to solving domestic problems.

In addition to the overall numbers in a profession, there was the dispersion problem, as practitioners preferred working in larger cities avoiding rural and remote areas and lower economic status metropolitan suburbs. Data on the distribution of solicitors in NSW continually showed that around 50% of solicitors practised within the central business district (CBD) of Sydney, specifically 48.9% in 1988 and 51.9% in 2009 (Urbis 2010, p. 14). So overseas trained persons were encouraged to practise where recruiting locally trained professionals was difficult, eg rural areas as in my location noted above.

The problem of overseas persons seeking to practise in Australia would have become an issue in the 1990s even without NOOSR's initiative regarding competencies. Further, the issue would have involved both sides of the recognition question, ie Australians seeking to practise overseas as well as NOOSR candidates.

DAA's NOOSR organisational structure through CODSR was noted in Chapter 7. The first exploration of mutual recognition was with New Zealand and these negotiations were complicated because New Zealand's 'registration' authority was not the professional association. So DAA, as the Australian registration agency, had to negotiate with two agencies. The negotiations were successful (DAA website: daa.asn.au). In a second venture, DAA held discussions with Canada. The initial problem with Canadian professional

regulation was similar to the Australian Foveaux system (Chapter 9), a series of provincially-based requirements. There was also the issue of the francophile areas and dual languages. However, those problems were negotiated through discussions with the Alliance of Canadian Dietetic Regulatory Bodies (Beck, E. email 23/02/2010). A mutual recognition agreement was signed between DAA and its Canadian partner in April 2012 (Engeler, F. email 26/04/2012).

Mutual recognition may contribute to overcoming another global problem. DAA has been concerned about persons trained in countries with a different interpretation of 'dietetics', eg where the discipline is identified as 'nutrition' and the university training is not based on science. However, DAA plans to address the problem by supporting the standardised language adopted as the global description, namely the Nutrition Care Process (NCP) to achieve an International Dietetics and Nutrition Terminology (IDNT) (*DAA Newsletter*, September 2010, p. 1). Terminology is also a global problem.

From exploring mutual recognition and terminology, it seems that these may be appropriate agenda items for the national regulation regime for Australian professions.

However in CPE's brief history, there has not always been recognition of the cultural contributions from new professionals coming to practise in Australia, multiculturalism of the last 30 years notwithstanding. In 1989, the Office of Multicultural Affairs offered in its *The challenge of diversity* (Jupp 1989) papers noting policy options in areas such as education and employment that supported a multicultural Australia. On the other hand, in 1992 the University of Canberra's Centre for Research in Professional Education and the Ideas for Australia Program held a conference entitled 'How Australian is professional education in Australia?' The Foreword to the Conference Report posed some questions: 'In many ways we now live in a new Australia – are we ready to face its challenges, looking for Australian answers to Australian problems? Not in any chauvinist way but simply because we must react to the place where we live and its name is Australia' (1992, p. 1). These questions are not answered. As with most perspectives, there would be those who perceived both negative and positive features of the global view of the contemporary world and its impacts on the professions.

A new type of compliance

A difference between CPE and other educational provision is evident in the emergence of a new type of MCPE, what I have called 'another side of compliance' (Brennan 2009). It refers to the mandated CPE that employee professionals are required to complete as part of their employment rather than their profession's MCPE. Table 2 indicated that 4 out of 5 professionals are employees. This CPE is industry or enterprise specific and includes fire safety and OH&S requirements, programs concerned with new technologies, eg phone or photocopiers, or new policies regarding sales techniques or bullying in the workplace or dealing with various types of clients. Practitioners have insisted in contacts with me that the list is constantly growing. I have also identified this new phenomenon through examining portfolios in CPE audits.

Professionals have commented to me that they see limited value in this training, that it seems to be costly and wasteful and most importantly for this thesis, takes away time and resources and therefore the availability from potential training in areas closer to the professionals' actual practice related activities. Some practitioners have noted that the finances devoted to these activities – quite often conducted by costly outside consultants – mean that there are no funds available to assist the professionals on staff to participate in some externally provided CPE relevant to their actual work.

This other side of compliance, perhaps because employee professionals are required to attend, has not received adequate attention. It is interesting to note that “Appropriate developmental activities presented by the member's employer” was the 4th in the list of acceptable MCPE for ASA Members, Figure 3 above in 1985. The activities appear to have increased: the term 'appropriate' may be widely questioned. The irony and problem for those responsible for 'managing CPE' is that this additional, other side of compliance is not discussed in policy meetings or papers on CPE. The lack of attention to this phenomenon illustrates the need for a cross-professional view of CPE.

The ideological context

The impact of these individual pressures on the professions and their practice is likely to be significant on specific areas of that practice. But there is a more generalised factor that is related to some of the influences already noted. It is the 'ideological context' in which professionals operate. In the discussion to this point references have been made to this

'bigger picture', eg when the behaviourist approach was noted in backgrounding the MCPE debate, when Stevenson (1996) was exploring different perceptions of concepts in different decades and within Bagnall's work on post-modernism (1993). The challenge however to all the policies and practices noted in the tale of CPE's emergence is evident in the content of two recently published studies, namely Allen & van der Velden's edited volume, *The flexible professional in the knowledge society* (2011) and Scanlon's edited volume *Becoming a professional* (2011). The former stresses the new and different society in which the professional must operate and the latter challenges the traditional professional ideal of one grounded in an exclusive knowledge-base and following an altruistic public service delivery style. The questions touch two related themes: the individual practitioner and the norms and values of the political, economic and social milieu.

Schwandt (2005, p. 314) argued that the practitioner has become a bureaucratic professional assuming that the responsibility has moved away from the individual practitioner and his/her client to that of serving the bureaucracy, practising according to its rules. He cited the New Public Management and the acceptance of evidence-based practice in health as evidence of this trend. This bureaucratic trend was identified earlier by Cervero (2000, pp. 3-11) and further developed by Wilson who classified the bureaucracy in terms of 'expert systems' (2000, p. 72). As a result, he argued that "such systematization has decreased professionals' discretionary judgments, thus lessening their authority, and they have responded by accepting less responsibility for the welfare of clients by deferring to the mechanization of the system whose interests often run counter to the provision of client benefits" (2001, pp. 76-77). Further, he used Schon's work (1983) as a basis to argue that a complex society with interrelated problems is unreceptive to simple solutions and that scientifically-based knowledge may not provide appropriate solutions (2000, p. 75). Cervero (2000, p. 10) also argued that the conflict was between the learning agenda of the practitioner and the political economic agenda of governments and employers and that this was going to be an ongoing tension, and appears to be continuing.

Groundwater-Smith and Mockler proposed 'compliance' (different from the work identified above) as their enemy in their volume on school teaching and noted four problematics in the system that supports compliance (2009, pp. 4-9). The first was the 'audit' and its links to accountability and was proposed as a response to uncertainty and ambiguity and a means of reducing social trust in the judgement of teachers ('professionals').

The second problematic was standards and specialisations and Groundwater-Smith and Mockler argued that they are likely to standardise rather than raise the level of practice in the manner of the 'one-size fits all' approach. In the third problematic, they claim that the so-called 'subjectivity in the classroom' will see the 'vanishing of teacher professional judgment' in that situation (2009, pp. 8-9). The final problematic focuses on 'quality' and the authors, while accepting the importance of quality, are concerned about the differing aims of quality assurance and quality control (2009, p. 9). The term 'audit' was examined in the MCPE context: in the discussion of the national regulation scheme the term 'Standard' will be central. The views of Groundwater-Smith and Mockler on these terms and their uses in those two contexts provide strong contrasts.

'Risk' was examined above and 'ethics' is discussed later in Chapter 11. The contemporary understanding of these two concepts may be influenced by the material on these ideological factors on professions and their practice. In addition, material presented in Chapter 10 on 'explaining' professional practice is also potentially impacted by this wider ideological context. But the major question raised in this recent discussion is: Do current proposals within Australia regarding professional regulation appear to be aware of, and perhaps supporting, this problematic ideological situation?

In conclusion

There were many other factors that impacted on professions and their practice over the period of CPE's emergence. These include the creation of new, and therefore more, professions, the impact of gender on individual and groups of professions, changes to the status and prestige associated with 'profession' and 'professions'. In some ways perhaps the 20th century was the 'age of the professions'. This point of view was regularly expressed in my discussions with staff of the professional associations, particularly in the 1980s and early 1990s. The new century, however, may witness the lowering of, and further challenges to, their status and practitioners are aware of this possibility.

In Chapter 6, the point was made that there were pressures on the professions, from changes in society and from external forces. However the range and power of the sorts of impacting forces noted in this Chapter far exceed those of earlier decades. Though these influences are significant as background to the issue of the professional regulation nationally in Australia, they are important for another reason.

CPE appears to be part of the conversation related to overseas recognition, helping practitioners reduce their level of risk or assisting practitioners overcome problems with their clients, and CPE is the focus on this thesis. Attention to CPE in its potentially wide-ranging role may be expected to be central in any National Regulation Scheme.

Into this new regime of national regulation the professions proceed, being at various levels of awareness of the many small and substantial impacts noted in this Chapter.

Chapter 9: Regulation of the professions

Introduction and outline

The 'regulation of professions' is the third policy issue examined. For this discussion, 'regulation' is defined broadly, referring to practitioners' ethical behaviour and their relations with clients, their training, entry and possible expulsion from the profession, the nature of their practice and the use of titles. This process, managed in the previous century by the professional associations, was identified as 'self-regulation' and generally recognised by governments and the community. However, there was another process established by legislation of the states/territories called 'registration' that required those in certain professions to be registered to practise and continue to practise their profession in that state/territory. Regulation in this chapter refers to general rules for the overall control of a profession and its practitioners and these rules are not necessarily established through legislation, while registration refers to legislation that is focused on practitioners being able to practise and remain in practice. The situation described in this chapter moves from self-regulation by the professional associations to control by agencies established by legislation, and most recently the national legislation for select health related professions.

Why is regulation of the professions relevant to CPE's emergence in Australia? The regulation of professions pre-dates CPE and therefore it was not initially considered as part of the associations' self-regulatory regimes. However when CPE became MCPE in the 1980s and 1990s, its mandatory status raised its significance for practitioners and associations' self-regulation. MCPE also became a condition of associations' schemes in special designations or specialisations, as noted in Chapters 5 and 7. MCPE also appeared as a requirement in some state-based registration legislation. By 2000, MCPE had assumed a significant role in these regulatory regimes, but that increased role and its implications were not generally appreciated. This lack of a broad understanding of the increasing role of MCPE was partially caused by the focus by individual professions on their MCPE. As a result, there was no cross-professional reference to the larger role of MCPE. I became aware of this situation in discussions with association personnel about their designations and specialisations.

Professional regulation is examined as the third policy area for two reasons. The first is that the issues of regulation and registration across the professions in the twentieth century had not been resolved. The situation was chaotic. The second reason was that the commonwealth government decided in 2008 to establish a national registration regime for the health related

professions, thus offering a basis for the possible solution to the confused and confusing situation.

Before examining this professional regulation/registration, three observations are made, followed by five parts. First, the Foveaux system is described and in the second part changes to this Foveaux system are detailed. The third part explains the national program for professional registration for select health professions and the fourth records developments for veterinarians and the legal profession. A series of conclusions relating to the contemporary regulation status of professions and further 'missed opportunities' complete the Chapter.

Three Observations

Three observations are offered on the terms 'regulation' and 'registration'. The first observation is that the 'registration' of professions via legislation was not universal. Some but not all professions were covered by legislation for registration and re-registration. In addition, some professions were required to be registered in some but not all states/territories. This lack of consistency created confusion.

There is limited documentation of the registration status of professions but a 1997 NOOSR report identified the professions requiring registration status.

Figure 12: The registration status of Australian professions, circa 1997.

Professions requiring registration in all states/territories		
architect	barrister	solicitor
chiropractor	dentist	medical practitioner
nurse	optometrist	pharmacist
physiotherapist	podiatrist	psychologist
surveyor	veterinarian	
Professions requiring registration in some but not all states/territories		
engineer	medical radiation scientist	occupational therapist
quantity surveyor	speech pathologist	valuer
school teacher		
NB Social worker was noted as being 'self-regulating'.		

Source: National Office of Overseas Skills Recognition, 1997.

Figure 12 indicates that in 1997 14 professions required registration in all states/territories and 7 required registration only in some jurisdictions. Figure 12 mentions only 21 'registered' professions, a minority of professions of the ninety seven listed in ASCO

(1997). The latter numbers are not precise because many professions are included under 'medical practitioner'.

Some professionals faced the problem that because they practised in more than one jurisdiction, they may be required to register in more than one system, and each one was, or could be, different. A survey of veterinarians found that 17% were registered in more than one state/territory and 4% in three or more (Daniel and Slade 1990, p. 10). Veterinarians questioned this multiple registration. Their problem is discussed later in this Chapter.

There were also problems for the professional associations. There was no point in the PSA making CPE mandatory nationally for pharmacists. This requirement could only be determined through legislative changes by state-based registration boards and for pharmacy at that time, that process involved the Pharmacy Boards of every state/territory (Bill Kelly, personal communication, 12/06/1997).

The second observation is that the level of government responsible for professional 'registration' in Australia was the state/territory, a similar situation to the USA, as noted in Chapter 4. Until 2010, there was no national professional registration legislation in Australia.

The third observation is that the professions' regulation regimes associated with their associations and the legislated registration programs were parts of a wider controlled context in which professionals practise. For example, general 'health' regulations impacted on the practices of health professionals and building industry regulations had implications for architects, while engineers, especially those in specific areas such as aeronautical or marine, worked within special 'industry' regulations. In addition to industry-based rules there were general regulations such as Occupational Health and Safety (OH&S).

The Foveaux system

By the late 1980s when the UNE commenced annual CPE conferences, there were enquiries from Sydney offices of NSW professional registration boards. Reference was made in Chapter 7 to these boards with respect to the rules for re-entry to some professions. I discovered that many of their offices were near Sydney's Central Railway Station in Foveaux Street. Similar bodies existed in the other states. So I called this professional registration the Foveaux system (6.)

In the Foveaux system there were separate arrangements for each profession, established by Act of the state legislature. For example, there was in NSW the Optometrists Act of 1930 (Optometrists Act 1930), while similar statutes existed in the other states/territories (See Figure 12). Typically this legislation established a Board, tasks to be completed and reports made annually to a Minister. The Ministers to whom these Boards reported were spread over the Cabinet from Health to Agriculture. In some legislation, Board members were not to be 'representatives' of the professional association, while in other cases members of the professional association were designated as Board members. There were generally no Board places for clients, members of related professions, representatives from universities involved in training members for the profession or from industries to which the profession contributed. The issue of Board membership was raised in the Review of the NSW Veterinary Surgeons Act (1986) in that Section 5 noted that all six Board members, though appointed by the Governor, were all 'registered veterinary surgeons'.

Registering and then re-registering qualified persons to practise was the main task of the Board. The Board through a Registrar reported numbers in practice and entering the profession together with the income from the practitioners' annual registration fee. These procedures were routine and tended not to raise controversial issues. However, there was one change that became part of the re-registration process in some professions, MCPE. Initiated by professional associations, not the state boards, MCPE was not automatically

(6.) The street was named after Joseph Foveaux (1767-1846), a soldier and administrator in Sydney and Norfolk Island from 1792 to 1810 (Fletcher, J. 1966. *Foveaux*, in *Australian Dictionary of Biography*, pp. 407-409). Foveaux was decisive and forward-looking contrasting the comparative inactivity of the registration boards.

linked by the Boards to re-registration. So these Australian Boards had a different role in MCPE from the USA's state legislatures. The PSA situation was noted above. The PSA at the national level may have passed a motion in favour of MCPE in principle being associated with re-registering pharmacists but it could not be linked to the re-registration of pharmacists (required in all states) without the approval of all the Boards and legislative changes. This example illustrates the difficulty of the Foveaux system dealing with national issues.

Some professions, eg. psychology, sought registration in the 1980s. The psychologists demonstrate how registration, like other topics examined in CPE's emergence, was influenced by factors peculiar to the profession. For the psychologists, the factors were the particular stage of development of the profession and association and circumstances beyond the specific 'psychological' context.

Examining initially the latter factor, the registration of psychologists was initiated first in Victoria in 1965 with the Psychological Practices Act as a result of the state government policy that opposed Scientology and its teaching and practice (Cooke 2000, pp. 105-111). Registration was established in other states but not in NSW (Cooke 2000, 180). The NSW legislation was not passed until 1989. The office of the NSW Psychologists' Registration Board (PRB) was in Foveaux Street (NSW PRB 2003). The absence of registration in NSW was a concern because NSW had many Australian Psychology Society (APS) members.

Australian psychologists were originally Branch members of the British Psychological Society (BPS)(Cooke 2000, pp. 7-29). The APS broke away from the BPS in 1966 (Cooke 2000, pp. 115-124). Both societies had been concerned about rogue practitioners or the inappropriate use of testing devices or therapies, but registration assumed greater importance as the number of 'private practitioner' APS members increased. The profession in the 1940s and 1950s consisted primarily of academics and psychologists working in the public sector (hospitals, mental institutions and schools). By the 1980s there was the need to recognise the private practitioner APS members through registration because of internal pressure from the College of Independent Practice of Psychology which became a significant part of the APS (Cooke 2000, p. 242).

The example of the psychologists illustrates the potentially high level of profession-specific factors in the registration process.

Changing the Foveaux system

The review of the Foveaux legislation was a result of the Hilmer Report (1993) and the national government policy to promote competition. That activity was discussed in Chapter 8.

What follows is a description of problems associated with attempts to revise the legislation for valuers as a result of the implementation of the competition policy. The scope of the challenge to change the professional registration regimes of the different states/territories may be calculated. There were at least 21 professions whose legislation needed to be changed in up to 6 states and two territories. There were also problems in semantics and the processes adopted to make the revisions.

I became an 'unofficial outside observer' of deliberations between the NSW Department of Fair Trading and Queensland Department of Natural Resources in revising the registration process for valuers, required in some but not all states/territories (see Figure 12). In this process, options were offered to the community, the professions and the governments. From the Queensland publication (Department of Natural Resources 1997, pp. 1-4), five options were offered: status quo, negative licensing, co-regulation, partial de-regulation and self-regulation, while the NSW offering (Department of Fair trading 1997, pp. 22-26), proposed 7 options: maintaining existing regulation, negative licensing, once only regulation, self-regulation, remove regulation, co-regulation and the Professional Standards Scheme. For one profession, these different options were offered. What did the terms mean? How would they operate in the two (and possibly other) states? What degree of success was likely with such a complex, and confusing, brief?

The goal of the program was to have the current state legislation repealed and replaced with common legislation. In the discussions about the valuers' program the professional association, the Australian Institute of Valuers and Land Economists (AIVLE) now Australian Property Institute (API), was a major contributor.

The process of revising the system for a single profession was difficult. As a consequence, the process did not proceed quickly. In 2001, the Executive Officer of API (Sanders 2001) indicated that the valuers' registration discussion that began in 1997 was not finalised in NSW and the parties involved were awaiting a final government decision that was eventually made

in March 2005. The 1975 Valuers Registration Act was replaced by the Valuers Act 2003 and the Valuers Regulation 2005 (Annual Report, NSW Department of Commerce 2004-05, Appendices, pp. 129-130). The renewal of registration was now every three years not annually and the responsible agency the Office of Fair Trading. Consumer protection had been increased with disciplinary measures and there were also procedures for dispute resolution.

Changes were made to the Foveaux system. Some competition issues were resolved but the changes did not necessarily reflect progress with regard to the professions, professional education, including CPE, and the role and contribution of professional associations. Broader 'regulation' issues were not considered.

Towards national regulation - in health-related professions

The national initiative is viewed from the perspective of the broadly defined concept of the regulation of the professions in Australia. The ideal espoused by the associations during the twentieth century had been that of 'self-regulation' and covered the management of the profession and role and behaviour of the practitioner members. That approach was identified in the lists of 'characteristics' of professions noted in Chapter 1. Items included a Code of Ethics, practitioners' responsibility towards their clients and the supervising role of the professional association. This identified 'regulatory' process was broader than the focus on 'registration' and 're-registration', the main purpose of the Foveaux system legislation, and covered a wider canvas than the 'competition' issue that required re-drafting many Foveaux statutes. The national initiative was an attempt to remove the Foveaux system's problems by creating a national system, focusing on registration/re-registration and other related issues. But the national system was also another 'missed opportunity', as 'professional regulation' was not adequately addressed. In the following analysis, the national proposal is examined from the broader perspective of professional regulation.

The end point for the description of CPE's tale was initially set at July 1, 2010, the commencement date of the national scheme. As the research and writing of the thesis have extended into 2013, responses to the scheme have been included.

In describing the policy associated with this registration scheme, contrasts with the policy-making, eg on ACE in the 1990s (Chapter 3), become evident.

The scheme was initiated on March 26, 2008, at a Council of Australian Governments (COAG) meeting (7.) An intergovernmental agreement on the Australian health workforce to create a single national registration system was signed. The selected professions were:

chiropractors	dentists	psychologists	podiatrists
optometrists	osteopaths	physiotherapists	pharmacists
medical practitioners	nurses & midwives		

Communique of COAG Meeting, Adelaide, 26th March, 2008.

Four additional professions were added to the scheme: Aboriginal and Torres Strait Islander Health Service, Chinese Medicine, Medical Radiation Practice and Occupational Therapy (AHPRA 2011).

This strategy supported the view that registering professions linked to the same industry was preferable to dealing with professions individually. The policy was not however strictly followed. Some 'health related professions' - speech pathologists, dietitians and social workers - were not included in either group.

The new scheme required the repeal of the original and revised Foveaux legislation (Australian Health Practitioner Regulation Agency – AHPRA - 2010). The shadow of the Foveaux system was evident but the new scheme embodied improvements on the old system. National Boards were established for each profession. The Boards ranged in size from 8 to 12 members with either 6 or 8 identified as 'practitioners', while the remainder were classified as 'community members'. The practitioners were linked to a 'state/territory' system of representation or that of a particular type of practice or specialisation in the profession, as indicated in each Board's documents (AHPRA 2010). The Boards reported to a Ministerial Council and an independent Australian Health Workforce Advisory Council.

(7.) The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia. Its members are the Prime Minister, State and Territory Premiers and Chief Ministers and the President of the Australian Local Government Association. The role of COAG is to promote policy reforms that are of national significance, or which need co-ordinated action by all Australian governments (coag.gov.au/about_coag accessed 20 October 2010).

One of the Boards' first activities was to develop six Standards chosen by the Council. They covered: 1. Criminal history, 2. English language requirements, 3. Personal indemnity insurance arrangements, 4. Continuing professional development, 5. Recency of practice registration and 6. Supervised practice, examination for general registration and for specialisations (AHPRA 2010).

These Standards are assessed from the perspective of the tale of CPE's emergence and the concept of professional regulation in Australia.

The Foveaux system did not feature 'standards' but the standards have some links to the lists of professions' 'characteristics', noted in Chapter 1. The requirements for the Boards were not a reproduction of these earlier lists. However, they contain some features of the Foveaux system, as they focus on registration/re-registration, but they also incorporate the reforms to that old legislation in 1990s, eg in relation to 'competition' and the composition of the Boards. They also address recent issues such as overseas trained persons and risk (Standards 2 and 3 respectively). The discussion of the PSC and risk in Chapter 8 provides the background of, and justification for, Standard 3.

From the broad perspective of the development of the professions, their practice and education to the year 2010, the Standards appear from my examination to be an inadequate reflection of the professions and their progress to act as the basis for the national regulation and education of the health-related professions and potentially professions as a whole.

Is this estimation of the Standards unjust? In some ways it is, because the 2010 scheme was a means of updating nationally the former Foveaux system and the Standards did identify with issues noted from the 1980s, such as risk, re-entry and MCPD. However, from the perspective in which this tale of CPE has been perceived, there were issues, significant for the professions in their development in the previous century, that were not addressed or included within the Standards.

On the basis of the above perspective, an analysis of the Standards has suggested five matters for comment. The first relates to the terminology. Continuing Professional Development (CPD) was used, not Continuing Professional Education (CPE). CPE has been used in this thesis because it was the original term and the emphasis has been on 'education'.

The change in terminology may represent an actual change in this field of provision. This is however not a major concern. What is important is that CPD was allocated its own Standard.

The second matter is that no Standard clearly focuses on the ethical and behavioural dimension of the professional practitioner. The first three Standards deal with the individual practitioner but the broader context of the means by which they were judged by peers, clients and the community to be able to practise or work in a specialisation and hold a special designation appear to be channelled through Councils for each profession at the state/territory level. The policies, procedures and rules to cover this important area of professional practice will clearly require extensive planning and discussion. This former role has been withdrawn from the professional associations.

Thirdly, in view of the relevance of the global dimension for the professions noted in Chapter 8, the neglect of the recognition of that perspective in the Standards is surprising. There was scope for this issue within the 'Recency of Practice Standard' covering NOOSR entrants. But with the importance of Australian trained professionals practising overseas, a stand alone 'global' Standard would acknowledge this feature of contemporary professional life. Globally agreed terminology would be relevant in such a Standard, as noted in Chapter 6 in relation to dietetics. Australian professionals are associated with practices wider than national boundaries.

A fourth matter is that the Standards lack cohesion. The issue of a practitioner's responsibility to behave professionally is not established specifically in the Standards though four Standards are related to appropriate practitioner behaviour. Also there is no sequencing or prioritising of the Standards. No particular rationale underpins the Standards. The 2010 Australian Standards contrast with those developed by PARN in the UK (PARN 2010). The latter have three 'pillars': 1. Entry, 2. Complaints and Discipline and 3. CPD and Positive Supports for Ethical Behaviour. They use a simple sequence from entry to practice, ethics and CPD and therefore provide some cohesion.

Finally, the fact that the Standards make no reference to 'professional education' is a matter for comment. In addition to providing the missing structure to the Standards, there would be a recognition of this very important aspect of professional life. This concept was identified by Knox as a 'continuum' (Knox 2000) and as a significant feature of professional life and

practice. The concept, supported in this thesis, if adopted in the Standards, would identify and legitimise the concept of professional education.

Unfortunately, the concept is not part of the vocabulary of this registration process. There is no clear recognition of the professional's continuity from deciding to enter the profession, enrol in a university to gain the first degree and then become a neophyte and pass through a probationary period until full practice rights are bestowed and commences the longest part of their career, as a practitioner. The practitioner's progression is not acknowledged in the Standards and yet the concept provides the means for creating an integrated structure and sequence to the Standards and overcoming their lack of coherence. Without a linking theme, the Standards remain a disjointed series of topics.

There was no recognition in the directions delivered to the Boards of the experience and progress in CPE made over three decades mostly through the action of the professional associations and the absence of attention to potential new directions and goals for CPD. So the Boards' responses to the CPD Standard, except perhaps the Psychology item on a 'learning plan', reflected current practice. The Boards commented on hours and points, as inputs are the central feature of the current management and assessment of MCPD and the more appropriate feature, outputs or outcomes, was not addressed or implied as a future goal.

The major points about CPD in the Standards and the responses from the Boards are firstly that the mandated form MCPD is the focus of the Standard and secondly that this MCPD requirement is for **all members** of that profession seeking re-registration. That policy choice returns the target from being a select group, eg those in specialisations or seeking a special designation, or even the laggards, to all practitioner members.

The responses by the Boards to two Standards, CPD and Supervised Practice and Specialisations, support the view of the continuation of current MCPD policy and practice. The CPD responses, however, were also evidence of the professions' long experience in CPE policy development and delivery. The individuality of the professions was also evident in their detailed comments concerning practice for the general practitioner as well as the specialist in the final Standard. The individual professional Boards' responses on CPD were comparatively lengthy compared with other Standards. However, they were generally disappointing because of the terms in which the Standards were presented.

The topic was MCPD not CPD. The responses from the Boards on the other four Standards by comparison were generally similar and briefer.

The Boards' submissions on CPD were proposals defining the CPD to be offered. The proposals in the Pharmacy, Psychology and Optometry Board submissions provided details of the types of CPD activities to be accepted and recognised. The Psychology Board submission suggested practitioners develop a learning plan. The emphasis however remained on inputs, ranging from 20 to 50 hours per annum while points were also noted within the range of 20 to 40 per annum. Some Boards noted decisions about points/hours, eg between formal and informal learning or types of provision. Having a portfolio to support practitioners' claims was proposed and linked to a declaration that inputs had been achieved. There was also the audit of members' portfolios. In the cases of non or unsatisfactory compliance, there was the possibility that a renewal ticket to continue to practise 'may be refused'. That was not a 'strong message'. The individual submissions were accessed from the AHPRA website (AHPRA 2010).

The Standards selected by the Council as a basis for the operations of the Boards and the Boards' submissions representing the individual professions' responses allow an assessment of the process as a whole. The scheme provided a basis for national registration, as opposed to the state-based Foveaux system, and followed an industry or cluster approach rather than dealing with individual professions. The process of self-regulation by the associations no longer operated. The Standards defined by a national government agency differed from the older 'standards' set by individual professions through their associations and reflected some recent concerns. But the new Standards were not 'robust' educationally, nor did they set out an educational program. The concerns and language of economists and lawyers featured more strongly than those of educators.

Around the time that the COAG meeting was held to launch the national professional regulation (March 2008), I was putting together information for a background chapter headed 'Missed opportunities'. That information, reported in Chapter 3, showed how CPE generally missed out on being part of an integrated policy development process, eg with adult or continuing education and later vocational education. Reading the selected Standards and the responses from the Boards suggested that this 2010 national professional registration exercise may have been a greater 'missed opportunity' for CPE than these earlier examples.

What are the grounds for such a claim? From an evolutionary perspective, there was a minimal input from educationally based influences on professional education compared with those from law in association with risk and from economists in relation to the market. Economic and legal perspectives are emphasised in the Standards, while education's role is narrowly perceived and measured by inputs rather than outcomes. At the most serious level of criticism, the Standards may be perceived as a set of unrelated competencies in which all that is required is the ticking of a series of boxes to achieve a positive outcome, ie. for registration and re-registration.

There were however structures and procedures outside the Standards that related to issues of professional conduct within the current health professions' scheme. Discovering the means by which these issues were dealt with in the scheme revealed its size and complexity. Under the Australian Health Practitioner Regulation Authority (AHPRA), there is the Health Professional Councils Authority (HPCA 2011) which has responsibility with the NSW Councils concerned with complaints (or notifications), but not registration. However, for NSW, there is the established partnership between the health-related professions and the NSW Health Care Complaints Commission (note HCCC data in Chapter 8). The recognition of HCCC's past work provides an initial solution but also illustrates potential duplication and conflicting roles.

The mention of these State Councils for each health-related profession indicates their role with regard to consumer 'complaints' about practitioners. The potential complexity of the scheme but perhaps more importantly the degree to which this national scheme is government and client focused clearly demonstrates the degree to which the registration process has reduced the role of the professional associations.

As a follow up to my interest in the scheme, I applied for and was accepted as a 'community member' of the NSW Occupational Therapy Council. In the induction program for the Council (July 18, 2012), the role of the HCCC was noted. The HCCC Commissioner, K. Pehm, explained the legal structures within which the process is built and stressed that all complaints are followed up but the degree to which they are investigated depends on four criteria: protecting the public; likelihood of proving the complaint; seriousness of the allegations; submission of the practitioner (Pehm 2012).

He also noted the possible outcomes are: deregister or suspend the practitioner, caution or reprimand the practitioner or place conditions on the practice of the professional (Pehm 2012). I have subsequently been asked in my OT Council role to review a Draft Code of Conduct for Registered Health Practitioners (AHPRA 2012). The draft clearly indicates the details of the legal aspects relating to practitioner conduct. Dealing with complaints in the new regime is a complex process.

Health-related professions (and their associations) outside the fourteen identified for registration – such as dietitians, social workers and speech pathologists – may therefore be anxious about the future role and status of their professions and their associations. DAA has the APD status for its self-managed national registration. In 2011, AASW established The Australian College of Social Work, a special group within AASW. Operating at the Member and Fellow levels, those becoming part of the College must 'demonstrate specialist or advanced generic practice, education, training and skills' (AASW 2012). Two health-related professions' responses to the new regime offer different options to the 'registration/regulation' issue.

Also other occupations are being included in national regulatory/licensing programs. A new agency, the National Occupations Licensing Authority (NOLA), has been established as a licensing authority for specified occupations. Included in the initial list is 'property licensing' with building and construction to follow. The problem for solicitors and conveyancers regarding property has been noted and architects were involved in disputes in 'building and construction' (See Chapter 8). So there may be some border disputes ahead for some professions from the activities of this new authority (NOLA 2011).

AHPRA has begun to work with its Boards to develop the new national system but a detailed assessment of its overall impact or effectiveness is not yet possible.

Towards national regulation – veterinarians and the legal profession

To obtain a broader picture of the current national professional regulation situation, two other professions are examined: veterinarians and members of the legal professions.

The lack of 'mutual recognition' and the necessity of multiple registration for veterinarians was noted in discussing the Foveaux system. In the current century there have been

developments related to national regulation. The Standing Committee of the Primary Industries Ministerial Council (PIMC 2006) produced a 'Regulation impact statement with regard to national registration of veterinarians'. The document focused on problems such as the requirement for multiple registration and costs to practitioners. The document focused on old issues rather than those that were emerging in the new century. The Commonwealth's Department of Agriculture, Fisheries and Forestry noted on its website (2009) that 'as production animal enterprises consolidate or specialise and performance animals travel to compete nationally, reforms which enable the integrated delivery of veterinary services on an Australia-wide basis are vital to the profession meeting existing and future market demand for veterinary services'. The statement identified the professional's role within a changing market. By contrast, the Australian Veterinary Association's website (AVA 2010) featured under the heading of 'What was involved in being a veterinarian' the traditional statement about what the veterinarian did and what was involved in terms of their responsibilities to both the animals and their owners was stated, but not within the context of a rapidly changing industry. In the process towards national regulation, the position of AVA represents a continuation of the profession's experience in the old Foveaux system and reflects ongoing tension between the needs of veterinary professionals and the concerns both within and outside the profession about a changing industry and the roles of other occupations within that industry, a possible reference to NOLA.

In discussing MCPE and competencies, the legal profession in NSW was used as an example. What then is the status of legal professionals in the current national regulation situation? The Law Council of Australia (LCA), the national focus for the legal professions, responded to a 1994 COAG goal of a more competitive and integrated market with a document *Blueprint for the structure of the legal profession: A national market for legal services* (1994). In a paper delivered by the President of the LCA Alexander Ward noted (2011, p. 2) that between 2004 and 2008, the states, except South Australia, developed 'model laws' to advance the process of a national legal system. Then in February 2009, COAG added the legal professions to the national regulation program and the National Legal Profession Reform Project Taskforce was set up.

Ward announced a series of proposals to be considered by COAG. They included:

- a. Maintaining a co-regulatory model under which both government and the legal profession undertake active regulatory roles and responsibilities.

- b. The establishment of a National Legal Services Board to take responsibility for the national legal regulatory framework.
- c. The flexibility given to the Board to make national rules, policies and guidelines which will allow the national regulatory framework to continue to develop and adapt to national and international developments.
- d. The inclusion of the legal profession in the membership of the Board.
- e. The establishment of a National Legal Services Commissioner to oversee complaints, discipline and general compliance, with specific responsibility for promoting, coordinating and monitoring national consistency in the application of the law and rules.
- f. The ongoing role of the legal profession in developing legal practice, professional conduct and continuing professional development rules.
- g. Greater flexibility toward admission of overseas qualified and experienced legal practitioners to the Australian legal profession, which will not only enrich the Australian legal profession, but will also enhance the ability of the Australian legal profession to succeed in the international legal services market (Ward, A. 2011, p. 3).

The paper continued by noting the problem of catering for the interests of both large and small law firms and of the recruitment and retaining of legal professionals in rural, regional and remote regions (Ward, A. 2011, pp. 4-7). In contrast to the veterinary situation, the discussions between the legal profession and government reflect an acknowledgement of how the professions, and CPE, have emerged but also of current difficulties that are an integral part of contemporary practice from mutual recognition to the structure and dispersion of the profession. The evidence from these documents from the legal profession indicates two important features. Firstly, the legal professions demonstrate an awareness of the contemporary situation regarding their professions and legal services. Secondly, their proposals cover a broader range of issues than simply an upgrading of Foveaux-type registration legislation and management to cover areas that were part of the older regulatory requirement noted in the list of 'characteristics'. Standards developed from the points raised in these documents may therefore differ significantly from those developed for the health professions.

The legal professions appear to be more aware of the contemporary situation than their veterinarian colleagues.

Returning to the wider process of professional regulation, it is important to acknowledge that a range of 'regulations' have been developed recently at the national level that will certainly impact on the professions, their practice and professional education. Relevant for professions in the initial registration process is Health Workforce Australia (HWA). COAG-initiated in 2008, this agency is designed to meet the future challenge of providing a health workforce that responds to the needs of the Australian community (HWA 2010). Professional workforce problems were noted above. HWA's provision of data on the workforce and projections will be valuable as will its focus on recruitment and retention. Its impact has already been apparent in the area of clinical training, eg through its mapping of clinical placement and promoting research on the use of simulated learning environments in training (HWA 2011). The potential impact of these activities on professional education and especially CPD is being monitored by the professions and their associations.

Professional education and CPD will also be influenced by the Tertiary Education Quality and Standards Agency **(8.)** (TEQSA 2011), the regulatory and quality agency for higher education. Its five Standards and National Register for institutions offering tertiary level programs have implications for entry-level and CPD programs such as master level degree awards. These awards will also come under the banner of the Australian Qualifications Framework **(8.)** (AQF 2011) Much of this new regulation is as a result of the Bradley Report (2008) on higher education and includes agencies such as the Office for Learning and Teaching (OLT) and The National WIL - Work Integrated Learning - Portal (2011). There is also Skills Australia (covering the VET area after ANTA) (2012) and agencies with whom the professions have already had 'dealings', such as the Productivity Commission (PC) and the Australian Competition and Consumer Commission (ACCC). This policy issue differed from those of MCPE and competencies in one important way. There has been limited academic and public debate on this issue. Nevertheless, there have been criticism, questions asked and organised 'monitoring' of the scheme.

(8.) The Tertiary Education Quality and Standards Agency (TEQSA) is Australia's regulatory and quality agency for higher education. TEQSA's primary aim is to ensure that students receive a high quality education at any Australian higher education provider (Accessed from <http://www.teqsa.gov.au>, 10 August 2011).

The Australian Qualifications Framework (AQF) is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework (Accessed from <http://www.aqf.gov.au/AbouttheAQF>). Australian Qualifications Framework, 24 October 2011).

For example, the Liability Reform Steering Group (LRSB), with support from accounting, legal, architects and engineering professions and some major firms, seeks to participate in the processes of decision-making relating to the scheme's operations. An example is a letter from the LRSB Chair, M. Coleman, to Senators Wong and Sherry regarding policy and practice issues (LRSB 2011). There is also the National Alliance of Self-Regulating Health Professions (NASRHP) of eight professional associations. They have made a submission for the 'development of an improved regulatory framework for Australian health practitioners (NASRHP 2012). The COAG scheme remains under constant scrutiny.

In examining the new regime, an organisation central in the discussion of the CPE tale to this point has 'gone missing', the professional association. How different is the current system from that which reigned in the 1980s when MCPE was being developed or even when competencies were introduced, the tale in Chapters 4 to 7. The 2012 scene is vastly changed from 1992! What role will the associations define for themselves with regard to regulation and CPD in this new regime? Will the associations' function be as negotiator between practitioners and the Boards? Will the associations deal directly with these agencies above or through the Boards? Is there not the possibility of duplication when for example there may be an issue with the AQF or TEQSA in a profession and the association and the Board may be communicating with and seeking to influence policy or practice for their profession on that issue? How will the associations respond to the new MCPD focus and what will be the implications of this narrow focus on their policies and practice regarding CPD? Though the profession is in the second group to be regulated, OT Australia has already decided to withdraw from MCPD involvement (OTAustralia, 2012). Or will the associations seek to re-assert their role in terms of establishing and seeking to maintain the old 'Standards' that refer to the behaviour of their members in practice? The specific functions of the Boards (which include CPD but focus generally on registration/re-registration issues and the competition/risk factors) and the specific roles of these other agencies (which have an 'educational' theme) may result in the associations re-directing their attention and priorities. Are these not possible positive opportunities for the associations and not necessarily 'missed opportunities'?

Conclusions

This chapter has sought to explain the registration and regulation issue as it has applied to Australian professions. The actual outcome has been the setting up of a national registration scheme in 2010. That scheme differs from the older regulation scheme managed by the

professional associations.

In relating the tale of CPE's development, the theme of 'missed opportunities' has been noted. Having located the 2010 regime within the historical evolution of the regulatory (as well as registration) procedures for Australian professions and also those aspects of the regulatory framework that are not covered by the 2010 regime, the question is raised as to the degree to which the 2010 regime may be considered as being a sound foundation for the further development of the professions, their professional education and CPD.

Rather than guessing possible outcomes, the evidence of the story of CPE's emergence and development suggests that the 'learning from experience and history' approach may be appropriate to explore the ways in which the new national scheme for the professions may offer opportunities by which the new regime may be tweaked, modified or used in different ways to produce outcomes that may not have been perceived or planned in the initial development of the scheme and its various sub-components.

While some issues and problems may have been made more complex as a result of the new focus on regulation/registration for professions, clarity has been provided in other areas, for example the focus of the thesis CPE now CPD.

The role and value of CPD is focused in the new regime solely on its operating function with respect to re-registration. So for the registration system, CPD has become MCPD. That position may not be universally welcomed but the situation has been clarified in two ways. Firstly, MCPD has been officially designated in the regulations as a major means by which practitioners are able to continue to practise. The second clarification is that the target for MCPD has been settled. In its brief history, MCPE was originally targeted to the incompetent, litigation-prone laggard but then the focus was re-directed to the high profile practitioner through special designations or the desire to work in a specialisation. In the 2010 scheme, MCPD is directed towards all practitioners seeking to gain re-registration. Having acknowledged the MCPD role in the Standards however, there is scope for innovation and exploration of various forms of CPD provision for those in specialisations or special designations, for the returning practitioner, those being accepted through mutual recognition or the practitioner faced with client complaints. Clarity concerning MCPD creates possibilities for innovation in CPD not directly related to re-registration.

Cervero whose concerns about CPE were noted above argued that there was an unresolved problem for CPE in the USA in that its 'purpose' had not been satisfactorily agreed (1989, p. 522). By contrast in Australia, major changes in purpose, ie on the primary target for MCPD, had been successfully negotiated from the laggard to the high achiever and then back to all practitioners. In this area, CPD in Australia has apparently resolved the problem.

So what is carried over in the tale of CPE of Australia from this discussion of the registration of the professions and the earlier policies? There is the theme of 'missed opportunities'. Is the new national registration regime likely to be added to the existing list of missed opportunities as far as CPE is concerned? Not necessarily. There is the possibility of new approaches linked to the situation created by this national scheme. Chapter 12 will explore some of these options.

Chapter 10: Rounding off the tale of CPE – Six themes

Introduction and outline

In this first relating of the tale of CPE's emergence and development in Australia, the examination of three policies provided a foundation for an understanding of CPE. But the coverage to this point is an incomplete tale. The purpose then of this and the following chapter is to round off the tale with other important aspects of the story.

The approach selected for this chapter is to use a series of six themes. They examine areas different from the three policies and note CPE's positive features and weaknesses. In discussing these themes, the phrase in the thesis title, 'missed opportunities' is included. Are the themes further examples of opportunities accepted or not embraced?

The selected themes are the contribution of the professional associations, the lack of attention to evaluation and quality assurance, the non-educational approach to using new technologies, the failure to recognise developments about learning relevant to CPE delivery, the absence of a comprehensive view of professional practice and the impact of the new national registration scheme. These themes contribute to the completion of the story of CPE's emergence. They also indicate potential areas for review and renewal.

In the following chapter, two areas that have created problems for CPE provision are examined. The two areas, soft skills and ethics, are discussed again in Chapter 12 in suggesting a new approach to CPE provision. The final section of that chapter presents the 'popular picture' of CPE and some related problems and a brief summary prepares for the final chapter.

In examining the following themes, gaps in the CPE's tale are filled and exposed to more critical analysis. CPE is considered as a field of educational provision but the themes also illustrate its conceptual and research contexts. Rounding off the tale of CPE in this way is designed to prepare for the final chapter with a focus on CPE's past and future.

Theme - The contribution of the professional associations

The role of the professional associations in the emergence of CPE is one of the most significant features of this area of educational provision and, as noted in Chapter 1, demonstrates an important difference from other sectors. Their role in initiating CPE, followed by their developing MCPE and then managing the introduction of competencies has been explained. There were additional ways in which they developed CPE.

Their contribution should be read in the context of the new status for the associations in the new national registration scheme noted in Chapter 9.

Associations recognised that there was more to CPE than providing courses. They offered their members guidance in selecting their CPE activities. One means was by course approval. The Australian Association of Social Workers called their approval scheme 'appellation', in which CPE providers applied to the AASW and had their courses approved or appellated after the examination of the program's content, goals and personnel. However AASW is moving to a new policy of endorsing CPE programs (AASW 2011). The Australian Psychological Society (APS 2009) and Audiology Australia (2005) promote an endorsement system to provide members guidance in selecting CPE activities. Within its Quality Assurance and CPD Program, the Royal Australian College of General Practitioners (RACGP) has since 1987 informed its members of the activities designed and/or approved by the College and for 2008-2010 this information was distributed by CD-ROM (RACGP 2009). Though practitioners have the final decision, many appreciate their association's guidance in choosing CPE activities.

The awareness of some associations of their CPE role was exemplified in establishing specific organisations to provide CPE through the distance mode. For engineers, Engineering Education Australia, founded in 1989, was set up to develop this type of CPE programs (EEAust 2010), while in pharmacy, the Australian College of Pharmacy Practice (now part of the Australian College of Pharmacy) was set up in 1983 and became a major distance mode provider (ACP 2010). Some associations also became involved in VET by setting up their own Registered Training Organisation (RTO).

Associations were prepared to explore various approaches for their CPE delivery. One such approach was to 'tender out' some or all of their CPE provision. The librarians tried it for a period in the 1980s (Phillips S., 1987, p. 87). I was engaged in discussions with the Public Relations Institute of Australia (PRIA) from 2006-2008 on that option – which they have not yet resolved (PRIA 2006).

Generally the associations learned from their experience of providing CPE. That experience revealed that offering lectures or seminars was not always successful in dealing with

practitioners' problems. So faced with members' non-attendance at courses on ethics, some associations offered alternative services. These are discussed below in Chapter 11.

The professional associations because of their role in CPE's development promoted the use of CPE across the three stages of professional education, what Knox identified as the 'continuum' of professional education (2000, 13-22), a process I have supported. They used CPE as a tool in the assessment and professional development of NOOSR applicants, or those seeking to re-enter the profession's practice. Therefore, CPE began to impact across the range of professional education. The development of the Australian Dietetic Council (ADC), noted in Chapter 7, is an example of one profession's interpretation of the need for linking policy across the stages of professional education. This phenomenon has not however been widely acknowledged within professional associations.

Bringing together aspects of professional education has also been evident in special designations and specialisations, a feature of the past two decades. That has also been an association-initiated program.

There have also been positive outcomes from their use of competencies. The creation of new sets of competencies has stimulated on-going interest in the assessment of professional practice. This interest has resulted in R&D on the use of MCQs in the process. Overseas and in Australia, there has been successful collaboration between professions and their associations regarding the use of MCQs in up-dating or developing new competencies, as noted in Chapters 6 & 7.

Noting these innovatory activities underlines again the significance of the professional associations in CPE's development and is a reminder of how that fact is part of CPE's unique nature. These examples also stress the on-going individual profession specific nature of CPE.

Theme – The lack of attention to evaluation and quality assurance

Traditionally educational provision assumed testing or evaluation of programs and learners. Until VET in the 1990s, assessing practitioners' learning in CPE was not emphasised, as the key factor was to attend. There was more attention, as in adult education, with evaluating programs. The typical procedure was the 'happy sheet', a single page distributed at the end of sessions, questioning participants' reaction to the content, presenter, quality of distributed

notes and the physical conditions. The follow-up of these evaluative exercises was usually limited and evaluation was not highly regarded by participants or providers (Brennan 2004, pp. 36 & 39). The title of the evaluation instrument reflected the level of significance placed on the activity.

Program evaluation was one of my UNE teaching responsibilities in adult education and the lack of attention to evaluating CPE was an ongoing concern (Brennan 1995a). In a post retirement paper (Brennan 2004), I stressed the value of traditional program evaluation but recognised that providers often perceived that activity as risky and some were concerned that results could not always be pre-ordained. In discussions with CPE providers over more than two decades, two reasons were offered by those involved in CPE provision for a lack of interest in, or support for, program evaluation. The first was that data gained from evaluations were not necessary. CPE was market driven so one could determine what offerings were to be repeated or discontinued based on attendance. 'You retain the popular and discard the unpopular' represented that view. The second reason, which persevered throughout the whole period though expressed in different terms at different times, was that all that 'evaluation stuff' was unnecessary because everyone knew that MCPE guaranteed practitioners would be effective and avoid unprofessional behaviour.

Nevertheless some program evaluation was undertaken. As is the regular comment, the activity tended to be limited to a few professions at various times in CPE's emergence. In her Doctor of Business Administration thesis, Blonde (2005) reviewed the CPE program of the Institute of Chartered Accountants. This was not strictly an evaluation but a review that was concerned, as indicated in the thesis title 'Continuing Professional Education: Opportunities for improving learning and practice', with an examination of means by which the program may have been improved in terms of the Institute members' learning and practice. Overall reviews of the CPE program of by the providers were rare.

The annual UNE CPE Conferences were a venue for papers exploring the evaluation process. For example, Holland (1997) asked 'For what outcomes of CPE should we be responsible?' as he argued for specific objectives in evaluation. Other studies included those of Gowan (1997) who focused on the CPE of community pharmacists in Victoria, of Brett and Matthews (1996) who described a case study of a CPE program for school teachers in South Australia and McKinstry (1997) who examined the value Victorian occupational therapists placed on their CPE.

These studies, though of value in themselves, illustrate the individual profession, single project focus of CPE program evaluation.

The absence of program evaluation in Australian CPE indicated the confidence the providers placed on their provision. By contrast, the USA had a strong tradition for program evaluation. The Joint Committee for Standards for Educational Evaluation produced the *Program evaluation standards* (1975). These have been further refined, eg. in the Third Edition *The program evaluation standards* (Yarborough, D.B., Shulha, L.M., Hobson, R.K. & Caruthers, F.A. 2010). In the later edition, to the five 'core attributes' – utility, feasibility, propriety, accuracy and accountability – were added 30 standards. While USA's policies and practices relating to MCPE impacted in Australia, features such as the Standards made little impact on CPE evaluation.

Of more potential value because of the breadth of the activity was the evaluative work in the legal profession focused on solicitor specialisations within NSW, discussed in Chapter 7 under the heading of 'Specialisations'. As noted in that discussion, external evaluation of a program was not common in CPE. What the NSW Law Society's project in evaluating its Specialist Accreditation Program established was a basis for what has been termed 'performance based assessment' in the evaluation of professionals' work. Gonczi, Hager and Palmer (1994) argued for the potential of this assessment process for the legal profession and beyond the specialist practices of solicitors.

This alternative approach raised the issue of the way CPE was assessed. In MCPE's evolution, the sole emphasis was on inputs, counting the hours and points to fulfil the MCPE obligation. But an assessment based on the outcomes of the CPE activity, what the practitioners learned as a result of their participation and how that learning was transferred into their practices, provided greater credibility. This goal is imbedded in Nowlen's performance model (Chapter 11). Establishing evaluative links between CPE and practice has been researched and the issue is explored in Chapters 11 & 12 in dealing with soft skills and ethics.

This NSW Law Society program has also been the focus for Athanasou's 2006 research on program evaluation. He used the Rasch measurement approach and resampling in a study of 33 solicitors seeking specialist accreditation under the Law Society's program. He has claimed 'that the evidence that was gained from this analysis now allows one to undertake an overhaul of the assessment to meet the needs of all stakeholders' (2006, p. 218).

These studies are valuable but are isolated and lack widespread follow-up and support.

Ottoson raised an important question about CPE evaluation in 2000. Is an appropriate goal to develop a specialised theory of evaluation in CPE (Ottoson 2000)? Such a theory may reflect the special nature of CPE but there has been little progress. Perhaps using research and development from fields such as adult education or VET is more beneficial to CPE?

The lack of comprehensive evaluation of CPE programs has been matched by the failure of CPE providers to adopt standards by which to judge CPE's offerings. The issue of 'standards' in this discussion differs from the current National Standards but has some similarity with rules approving programs such as the AASW appellation scheme noted above and standards set for university 'credit' awards, ie for a degree or diploma.

For CPE providers to offer 'credit level' programs, such as Post-Graduate Diplomas or VET awards, approval was required. I was involved in the initial accrediting and then re-accrediting of Post-Graduate Diplomas offered in Pharmacy Practice by the Australian College of Pharmacy Practice (ACPP). I served as an 'expert witness on CPE' on Committees of the ACT Accreditation Authority in September 1994 and March 2000. Approval on both occasions was only granted after careful analysis of written and verbal submissions.

In Australian CPE with its limited approval or accreditation of programs, an important unanswered question is why there was no acceptance, or even trial, of the USA's Continuing Education Unit (CEU). Program standards were initially set in the USA in 1962 for the medical profession (Kenny 1985, p. 50) and the CEU was established in 1968 to allow providers to have recognition for the programs they offered and individual practitioners to have a recognised, objective measure of their CPE participation. A CEU was gained after ten contact hours of participation in an organised continuing education experience under responsible leadership, capable direction and qualified instruction (Phillips, L. 1994, p. xiii). The CEU had potential for Australian CPE as did the Program Evaluation Standards. The CEU offered a benchmark for CPE to demonstrate the acceptance by CPE providers of the need for clearly defined program standards and also provide evidence for practitioners' MCPE participation.

Those concerned with continuing education in Australian higher education were aware of t

he CEU, eg a 1975 Conference on CAEs (Duke 1976). Also, in the early 1980s, Dr Jack McDonnell from Monash University Continuing Education Centre made efforts to have the CEU adopted through the SCACEHE, noted in Chapter 3. The CEU's non-acceptance may be viewed as another lost opportunity. The tradition of the professional associations to do their own CPE in their own way and the anxiety in higher education institutions about the role and value of CPE, meant that the CEU was not embraced. No common benchmark was adopted: nor is one currently proposed.

There were significant borrowings by Australian professional associations and CPE providers from the USA, eg the CPA designation and MCPE, but limited take up of other overseas innovations in policy and programming. Was the reason confidence in domestic traditions or fear that imported ideas may be irrelevant to the local scene? Whatever the answer, Australian CPE did not feature educational standards and evaluative procedures.

Theme - The non-educational approach to new technologies

Technologies and CPE are the focus of this section. The theme is not the value of the technologies but rather the lack of research, planning and foresight in their use in CPE, particularly by the professional associations. Generalisations regarding the value of specific technologies are not offered, rather arguments about their 'uses' in CPE are presented.

The central point is that technologies cannot be examined as independent variables but rather as one variable dependent on other variables (Brennan 2001). In this theme there are the traditions related to the professionals' practice, their experiences within and outside that practice and their general values that are dependent variables. However, as argued by Champion (1989, p. 7) and Geoghegan (1994, p. 4), the professions have treated new technology in CPE as an independent variable. Also relevant is Nowlen's third model identification of the problem of 'the decontextualised practitioner' (1988, p. 69) (See Chapter 11).

In discussing technology and CPE, a long term perspective is adopted, from film to contemporary social communication. As Cuban observed (1986 and 2001), these technologies promised to improve the participants' learning and make the teacher redundant but these outcomes did not occur. The technologies were adopted, but also adapted to the changing practices of both educators and learners. Some were discarded.

My first CPE student in the late 1980s had a project: to make tape recordings of CPE events held in Brisbane available to rural physiotherapists in Queensland. The project was set up but the recordings were not used by rural physiotherapists. The evaluation revealed that the material was relevant to the isolated practitioners but they placed a higher priority on social contact with colleagues in a 'live' CPE event (McPhee 1991). A CPE staffer of an accounting professional association reported to the writer that he used 'trigger videos' **(9.)** The trigger videos were not successful: he played a video featuring John Cleese on how not to run meetings, called 'Meetings, bloody meetings'. This program was well received and the reason offered by participants was that they perceived video as a vehicle for entertainment not learning. In each case, factors central to the success or failure of the projects were independent of the actual technology. What was missing, face-to-face contact or how the participants perceived the technology's role, were major factors in the projects' outcomes.

In other situations however important dependent variables were known and acknowledged. The CEO of the Australian Computer Society, Arthur Dyster, in the early 1990s commented to me in discussing the ACS CPE program that the Society became aware that their members, most of whom spent their working day facing a computer screen, were unenthusiastic about their CPE being delivered predominantly, if at all, via computer (Dyster 1992).

As 2000 approached, a slogan spread through professional associations and CPE providers, announcing they had: 'Put it on the net', ie the CPE program on the website. This slogan represented evidence of an educational technology being adopted, with little recognition of how to deliver net-based CPE.

Problems for the associations' internet CPE delivery were reluctantly shared in my discussions with their personnel. There were technical issues associated with establishing the internet system. Many associations had not, in my opinion, recognised the importance of the association's website. Its role and purpose had not been defined nor its navigation by visitors. In the early 1990s, the website provided information about CPE: programs were not

(9.) In 'trigger videos', an issue is raised in a dramatised situation on video and then discussed by the watching group.

offered. So the site had to be redeveloped to provide for the up-loading of programs. These programs had to be 'written'. As with universities, many early on-line programs were just face-to-face programs 're-located' on the website. The requirements on-line programs had to be discovered and those with appropriate skills employed to compile them. Larger associations with financial resources were able to cope with this provision, eg CPA Australia.

The first on line offering by CPA Australia was in 1995 (CPA Library 1995). Most associations are able to identify a date for their first offering. The PSA's Victorian Director, Margaret Aspin, set up their first program in 2004 (Lucardie, D. email 08/12/2012), the ACS cites its first offering in Semester 2, 2006 (Lindley, D. email 08/12/2012), while the College of Physicians claims May 2008 for its first on-line offering (Pope, H. email 08/12/2012).

The extent of CPE available on-line has been and remains difficult to assess. A random check of three providers' websites (April 1, 2010) produced the following information. The College of Law, for the Law Society of NSW, offered its programs under four headings: face to face, teleconference, web conference or webcast (Law Society of NSW 2010). Method of delivery was the initial means of describing the offerings to members. For CPA members the website offerings (CPA 2010) were under the heading of PD My Online Learning with Skills Net with 600 online courses and Skills Net Audio. Once again delivery method was a key promotional feature. For occupational therapists, on their website (OT Australia 2010), the CPE offerings were listed together, on-line and face-to-face events, with no distinction between delivery modes. There was variety from association to association. While a general statement about CPE on the net is difficult, what is offered is the statement in the 2010 Annual Report of the Law Society: 'Podcasts and other online offerings grew significantly, now representing 25% of all College (ie College of Law) activities' (Law Society of NSW 2010). Is this a good or poor result? What are the criteria for making a judgement?

Other providers offered internet courses as well as the professional associations. They were existing private providers within Australia but also others with global links. These new providers challenged the status of the associations' and universities' CPE provision. An example of the way in which technology has impacted on the university system in Australia regarding education and training for professionals has been the linking of UNE, one of Australia's major external delivery universities, with Pearson which through its Australian

and global arms is a leading publisher of educational products for the higher education market (Pearson 2011).

There were other problems for the associations as a result of the 'Put it on the net' strategy. How were the internet programs impacting on traditional face-to-face events? One potential impact was on financial returns, for how were these new on-line programs to be financed and members charged? That dilemma required research and the exploration of options as a 'business issue' for associations. Another difficult area was the way these on-line programs were to be integrated into MCPE regulations, special designations and specialisations. MCPE grew up in a pre-internet world. How were on-line CPE activities to be listed in professions' MCPE rules, how assessed and what points/hours were to be designated? As illustrated above, some associations focused on types of delivery in categorising activities, others were organised on content areas while a mixture of categories was also used.

A crucial area for the professional associations was data collection on their members' use, and non-use, of their internet CPE. Having accurate data on internet use was vital for successfully planning CPE delivery. Following the point made above concerning 'variables', members' use (or non-use) of the internet, eg for entertainment, shopping, organising travel or operating the stock market, should be known, as well as for their practice and CPE.

The impact of the promotion of 'e-learning' in VET on CPE may be a potentially valuable research area for Australian professional associations and CPE providers. The issue may be an indicator of the degree to which VET is impacting on CPE and to what extent CPE is adopting features of VET. One vehicle for this impact may be through the 'new type of compliance' activities noted later in this Chapter. Many professionals are employees.

There has been a myriad of studies about the pros and cons of on-line compared with face-to-face CPE. A study in the USA offered the following conclusions. Donavant stated that 'more credence than is due' should not be given to on-line CPE and that it 'has not and will not replace the face-to-face facilitator' (2009, p. 242). However his study results indicated that on-line CPE 'can complement traditional offerings and is appropriate with certain individuals ... and in certain subject areas' (2009, p. 242). That balanced view allows scope for further exploration of both formats of CPE provision.

In the current decade there has been the world-wide use of technologies in a range of social

media communication and networking activities. Facebook and twitter have become major means of communication. A key question regarding social networking and CPE is the degree to which these techniques are used by practitioners to achieve social goals. How may other goals, such as CPE, be embedded in the users' practices? Answering that question involves recognising that CPE in this situation is a dependent variable.

The Professional Associations Research Network (PARN) conducted research on professionals' use of the internet and networking sites (Ellis and Friedman 2009). 7338 professionals from 26 professional associations, 24 in the United Kingdom and 1 each from Canada and Australia participated in the study. Data from the research indicate that the practitioners used facilities created through the internet for their leisure/non-work and work related activities. The results are assumed as approximating the Australian situation.

Table 7: Comparable percentage usage of the 3 top social networking sites

Site	For work	For non-work/leisure
Wikipedia	66	79
You Tube	19	66
Facebook	14	51

Source: *PARN Fast Facts 2009*, p. 4

The data indicate that social networking was used by these professionals in the working context but more in the leisure/non-work situation. There are two relevant issues. The first is that this social networking is potentially a new dimension for professional practice and CPE but is closely linked to the practitioners' use of these approaches in the non-work/leisure world. The other issue is that social networking, or particular methods within this phenomenon, may be just a passing novelty and have no long term impact. Will these social networking processes fall under the problem detected by Cuban in relation to computers and education and be technologies that are 'undersold and underused' (Cuban 2001)? Because of these possibilities, CPE providers must know about the practitioners' changing use of these technologies. It may be, as with the John Cleese example noted above, that practitioners may associate these social networks primarily with entertainment, not serious activity such as CPE. If a major Sydney newspaper in a careers supplement has devoted space to articles 'Social media is rapidly changing the way companies do business' (Byrne 2009, p. 3)

and 'Banning social websites could cost productivity' (Lockett 2010, p. 5), then CPE providers must acknowledge the implications of this phenomenon. Perhaps professional associations should follow the example of Emerald Publishing who have established a global survey to discover how facebook, twitter and 'other collaborative tools have impacted on our scholarly lives' (Emerald Group Publishing 2010). Or as Joosten argues (2012) in urging educators to use social media, one must be aware of the potential relevance of these media to the learning of the students. Professional associations must understand their members' social networking behaviour.

The question is how practitioners adopt and/or adapt these media for learning. That link is vital for decisions about the use of social networking in CPE. These new tools are different but the lessons from the past on new technologies, such as video, need to be recalled in assessing them. Using technology in CPE demands an educational approach with a long perspective and the acceptance of the technology's use as a dependent variable.

Is an appropriate update of the contemporary popular picture of CPE one of the practitioner sitting alone before a screen and surrounded by a range of tools for on-line and social networking activities?

Theme - The failure to recognise developments about learning

Having examining the relationship between CPE and practitioners' use of technologies, the relationship between CPE and practitioners' lifelong and life wide learning may appear as significant. However, the proposition is offered that as Australian CPE developed, its leaders failed to recognise and adopt the results of extensive Australian and overseas research on learning associated with practice and beyond work-related limits. Nevertheless past omissions may be remedied now and in the future.

The choice of the term 'CPE' in this study, as opposed to CPD, emphasised the centrality of provided education in CPE's development to the detriment of the practitioner's learning from practice and self-initiated learning. Boud supported that proposition by asserting that 'professional learning has been eclipsed for many years by the rise of mandatory continuing education' (2010, p. vii, Preface to Webster-Wright). Extending Boud's observation, the evidence from the chapters above on MCPE and competencies illustrates how the professional associations were focused on making MCPE 'work' and sorting out how competencies could be developed and then used. Research on practitioners' learning

however was not an agenda item for them.

But the research on learning under the umbrella of lifelong/life wide learning from social networking media to the use of other technologies and inter-personal methods from mentoring to models should have become part of the accepted repertoire of professionals' learning and added to the menu of methods for CPE delivery. However for CPE providers, education replaced learning as the priority for developing practitioners' practice and gained top status. As a consequence, the benefits of the research on learning did not impact significantly on CPE provision.

By recalling the evidence of the elderly practitioners about their learning from practice and contrasting that recollection with a view of contemporary CPE provision, two questions are raised. Have there not been advances in the general understanding of learning in the decades since CPE's introduction? Has not VET research on workplace learning produced insights with implications for professional practice? The two answers are positive but for CPE provision the answer is negative and another significant missed opportunity.

The following discussion focuses on research in various forms of a professional's learning.

According to Field in his second volume on lifelong learning (2000 & 2006), it is 'here to stay', the subtitle of his first chapter. But what is particularly relevant for this discussion in his assertion that lifelong learning will not probably develop through specific educational-type policies (as illustrated in the second 'Cinderella' report noted in Chapter 3) but rather that broader social and cultural influences will support its development. There are also the perils of confusing lifelong learning with lifelong education, as stressed by Billett (2010). So the point is made that learning is different from education. But life wide and lifelong learning may become accepted because of their perceived relevance in the lives of professionals - in recreational activities or through social networking - rather than as a special 'educational policy objective'. Learning's value is supported by its contribution to education but learning is part of life beyond education and professionals' CPE.

There may have been some recognition of the novice to expert research in developing the special designations or specialisations but follow-up changes in learning styles provided for these practitioners in their CPE provision has not been evident. My search on policies and regulations for special designations and specialisations revealed no expressed recognition of

the potentially different preferred learning styles of these practitioners.

There has been extensive and productive Australian research on workplace learning. The national body, the Australian National Training Authority (ANTA) - abolished in 2005 (DEEWR 2005) - and the still existing National Centre for Vocational Education Research (NCVER) have supported and published many studies in learning and workplace learning. For example, there is Wynes & Beddie (2009) *Informal learning: At a glance*, Harris, Simons & Bone (2006) *Mix or match? New apprentices' learning styles and trainers' preferences for training in workplaces* and Misko, (2000) *Getting to grips with self-paced learning*.

Billett from Griffith University has been a leading researcher in the field, eg. his *Learning in the workplace* (2001). His work and collaboration with others have provided a basis for action to respond to the research and the sub-title of his 2001 volume, 'Strategies for effective practice'. Unfortunately his research and that of his colleagues have not focused on professional practice. Two examples from the first decade of this century are noted. Smith and Navaratnam (2002) explored learning outcomes in the hospitality, tourism and construction trades and Dymock and McCarthy (2002) reported on the career pathways and learning journeys in a large automotive manufacturer, valuable studies but of only marginal relevance to professionals.

Another significant location for research on vocational and workplace learning has been the University of Technology, Sydney (UTS). Research and publications by David Boud over many years have focused on learning, as opposed to education. In the Foreword to Billett's book noted above (Billett 2001, p. vi), Boud noted that 'we are seeing an explosion of interest in the learning that takes place in adult life. No where is this more true than in learning at work'. A brief exploration of the scope and themes associated with Boud's (and his colleagues') research in Australia and overseas over almost three decades contrasts with the sterility of the snapshot of the traditional didactic approach and perception of CPE over the same period and the stereotypical focus on the expert delivering content to non-participating learners.

There was Boud's early focus on experiential learning (Boud and Pascoe 1978) that was later developed into experience-based learning (Andresen, Boud and Cohen 2000).

He also discussed what he described as the 'challenge of problem-based learning', for example in the second edition of a publication with that title (Boud and Feletti 1997). In 2001, he edited with Solomon a volume on work-based learning that identified this type of learning as a 'new higher education' (Boud and Solomon 2001). An integral part of learning as perceived by Boud was 'reflection' as in the edited volume in 1985 (Boud, Keogh and Walker). This aspect of learning was promoted in professional courses (Boud and Walker 1998) and noted as 'productive reflection' in the work situation as a means of dealing with changing organisations (Boud, Cresey and Docherty 2006). Boud has also noted the role of learning in his work on assessment, eg. in Boud and Falchikov (2007). The initiatives and challenges presented in these publications from the 1970s to the current period have not been evident in the tale of CPE described. The nexus between theory and research and the provision of CPE in Australia has not been established.

From the wide scan of the many horizons of theorising and research on learning in Boud's research output, the focus changes to learning associated with professionals and their practice. UTS's former Centre for Organisational, Vocational and Adult Learning Research is no longer in operation but included professional learning in practice within its research activity. For example, there is the 2004 study by Hager, whose work on competencies has been cited. This study identified the need for re-thinking the nature of learning and claimed that the current explanations of learning were problematic (2004, p. 3). He was particularly critical of the view of learning as a 'product' – in learning you accumulate information – to learning as a process - not an end but a means to a variety of ends. The telling of the tale of CPE has indicated that the learning associated with CPE has been linked to learning as a product. This observation indicates that in view of the wider examination of learning, there may be a need for learning in CPE to be re-developed or, to use Hager's term, 're-constructed' (2004, p. 15). There is little evidence of CPE's re-constructing in the light of these proposed views of learning.

Hager used the term 'problematic' to apply to defining learning and definitions will not be pursued further. However, the ways in which CPE is perceived and provided may offer means by which this 're-construction' process may be initiated. A small contribution is offered in the final chapter.

To the growing list, another 'missed opportunity' for CPE has been the lack of a close affinity between those planning and delivering CPE and the researchers of various types of

learning. In addition, the limited research on professionals and their workplace (practice) learning has resulted in the lack of collaborative study in the field.

However, it is encouraging to cite three recent examples of Australian studies of professionals' practice learning. Murphy & Calway (2008) were concerned that professional development did not seek to proceed beyond a 'sufficiency or competency level' and therefore there was the need 'to develop learning environments which enable the effective continuing career development of professionals' (2008, p. 424). They identified the elements of these environments to include work-integrated learning, contextualised constructivism and self-directed learning.

The second is a volume on 'authentic professional learning' and is the book's title (Webster-Wright 2010). The focus of this research is what was identified by the retired practitioners as their 'learning in and from practice' and their 'individually-initiated learning'. Their recollections and my use of their impressions as a basis for the origins of CPE are validated in Webster-Wright's research. The research illustrates the importance of this learning which is clearly authentic and related closely to professionals' workplaces and practices. The universality and significance of this leaning is demonstrated and confirms the existence and importance of learning beyond the narrow MCPE focus. There is also Wilson's support from North America that this activity stresses the relationship of learning **from** practice rather than just **for** practice (2000, p. 78) (My emphasis.).

The third example deals with a special aspect of 'workplace learning'. It is focused on the first stage of professional education and recognises that learning in the classroom (or CPE lecture theatre) is different from learning in the workplace. It is not only the impact of the different physical location but also the ways in which the other workers influence both the methods of learning adopted and the outcomes. The ways in which the workplace as a learning location impacts on the learner are incorporated in the concept of 'work integrated learning' (WIL)(Cooper, Orrell and Bowden 2010). WIL is designed to restructure and re-develop work experiences and placements during the professionals' first degree and is an example of Billett 's proposal for a 'curriculum for the workplace' (the heading for Part II of the 2001 volume). He noted in a later article (Billett 2009) the importance of realising the 'educational worth of integrating work experiences in higher education'. WIL responds to the differences between learning on campus and the workplace and is an important development for the first stage of professional education but may create difficulties for future CPE

providers. In what ways will professionals raised in WIL expect their CPD to be delivered? Changes in learning styles in one stage of professional education may impact on learning in other stages.

The three examples provide evidence that productive research has been carried out in Australia that addresses issues related to professionals' learning, a key area in the development of CPE. Will use be made of this research in CPE?

Another step forward is developing new approaches to the assessment of professionals' learning. Fenwick's proposal (2009) provides a structural basis for exploring this process. Her study was cross professional, involving three professions. Though located in Canada its implications have relevance in similar countries.

She initially examines professional growth plans for Alberta school teachers, a self-assessment check list for Alberta pharmacists and learning event logs for Alberta's certified management accountants (2009, pp. 3-6) and then questions self-assessment and learning assumptions (2009, pp. 7-9). First she observes that in locations of learning there are social and political factors present as well as the physical nature of the location and these contribute to the learning process, even though the practitioner may be unaware of their impact. Her second observation is that many practitioners may be unable to assess their performance because they lack experience. Thirdly, under the heading of 'reflexivity', she questions what is being required and why, and what influences are being exerted on practitioners. These questions highlight limitations of the three processes examined.

She then proposes three different approaches. The first is Learning as emergence of collective cognition and environment: complexity science (2009, pp. 10-11). In the work organisation, and professional practice, people constantly influence and adjust to other's behaviour, emotions and ideas as well as the objects, furniture and technologies. The constant change is noted in 'emergence' and from these continuous and non-linear interactions may emerge dynamic structures that exceed the sum of the parts. Fenwick's second approach is Learning as expansion of objects and ideas: cultural-historical activity theory (CHAT) (2009, p. 11). In the work organisation, there is an emphasis on three features. There is the history and culture of the organisation – how things came to be as they are and how they came to be viewed in the ways they are now viewed, while the third feature is to locate and examine the contradictions within the organisation.

Fenwick provides an example of these contradictions (2009, p. 11). A research organisation may espouse the generation of collective work within the group but rewards the efforts of the autonomous individual. The final approach is: Learning as translation and mobilisation: actor network theory (ANT) (12-14), and proposes that professional competence is not a latent attribute of any one element or individual but a property of some actions rather than others as a network becomes enacted into being through a continuing struggle between technology, objects and changes in knowledge, that is learning.

Fenwick's three approaches ask different questions, have varying priorities and strengths and weaknesses. She concludes that the search for a more effective means of assessing learning in professional practice continues and requires searching in new areas as older formats have severe limitations.

An awareness of the learning in practice that is clearly part of practitioners' behaviour is vital for appropriate CPE provision. Important also is the assessment of that learning. The outcomes of research on professional learning have not been adopted into CPE practice. Learning is also a vital part of understanding professional practice. This theme is now addressed.

Theme - The absence of a comprehensive view of professional practice

A concept that is pivotal to an understanding of CPE but has not been examined in the thesis is professional practice. The point was made in the Introduction that the word 'practice' for professionals refers to both **what** they do and **where** they do it, the activity and location of professional work. The purpose of CPE is generally agreed as helping professionals improve their practice or as Scanlan noted to help them 'discharge their professional roles' (1980, p. 55). Understanding practice then is a pre-requisite for appreciating the role of CPE.

A comprehensive view of practice has not been presented in relating CPE's story in Australia. What have been presented are policies and events, the activities of professions and their associations and the contributions of politicians, educational bureaucrats, academics and regulatory bodies. Outlined above is 'what has happened' in a structured and developmental way. The irony of the situation is that the emergence of CPE has been described without a detailed presentation on professional practice and that is a commentary on the lack of foundational principles for CPE. What follows are views, approaches and

models on how professional practice has been explained in CPE's development.

The Chapter 1 definition of professionals' work noted the importance of 'a specialised body of knowledge and skills' (Schein 1972, p. 8) and ASCO's definition referred to the application of theoretical knowledge (1997, p. 103). Engineers learned their physics and chemistry and medical practitioners in training their biology and pharmacology. By the 1980s however, there were challenges to this view. At one level Benner (1984) demonstrated that nurses as their experience developed were not being influenced primarily by biological and pharmacological factors but by other pressures and social and environmental factors. Schon's research on practice (1983: 1987) cited in Chapter 6, indicated that there were questions to be answered in professionals' practice that had no reference to scientific principles pre-learned in the initial bachelor degree. Defining the current notion of Schon's reflective practice, Nesbit observed that it is generally viewed as the exercising of practical or tacit knowledge based on the reflection of one's experiences in practice, especially critical incidents, rather than abstract, technical or theoretical knowledge, with outcomes of better practice and deeper learning (2010, p. 82). Schon's work was widely discussed in Australia but as in many issues related to the professions, the adaptation and adoption of his approach has been to varying degrees in a range of professions.

While these discoveries about practice resulted in modifications to the understanding of practice in some professions and changes in the first degree, they did not result in widespread alterations to the ways candidates were prepared for professional practice. There were developments in problem-based approaches in preparatory programs, for example Bawden at the Hawkesbury Agricultural College (now University of Western Sydney) from 1978 concerned with agriculturally-based professions (Bawden & Macadam 1990). He emphasised praxis and the relationship between practice and theory, experience and understanding, expressed as 'meaningful action' (Bawden 2004).

I was concerned in the late 1980s and early 90s that practitioners were very 'unprofessional' faced with the task of explaining what they did in practice (Brennan 1993). They tended to list a series of activities or related what they thought they were doing, or should be doing. The task was difficult for the practitioner. As a result, in association with *REFPRO*, I developed a simple four dimensional view of practice: technical/clinical, administrative, interpersonal and ethical dimensions (Brennan 1993, p. 2).

The promotion of competencies in the early 1990s presented a significant challenge to the traditional view of practice and the concepts expressed in Chapter 6 by the ACS as the 'core knowledge'. What is relevant is that when competencies were introduced, there was no widely acknowledged alternative position on the nature of practice, other than foundational principles. In developing competencies, professional practice was widely examined but a comprehensive, broadly accepted model was not produced, except the competencies' compromise.

Notwithstanding the degree to which competencies became widely accepted and improved, there remains an ongoing view that a more comprehensive theoretical structure, or structures, of professional practice are required. Richards who explored the use of competencies in developing leaders, concluded that a new process for developing leaders 'may include competencies, but only as a component of a more comprehensive approach' that would incorporate work from psychology, philosophy, sociology and anthropology (2008, p. 143).

Research towards this comprehensive process by academics in Australia, Higgs, Kemmis and Green, is examined. In the Foreword to Higgs' 2001 edited publication, Eraut (2001, p. vii) noted that there were generally two approaches to developing such a structure, one focusing on explaining the phenomenon on a global scale and as end in itself, whereas the second focused on a more 'local' setting and sought to explain and improve practice. Both are evident in the work discussed. Eraut also observed (2001, p. vii) that there was tension between the search for an idealised or a real representation of practice. Kemmis was prepared to concede that the tendency to work from different perspectives was likely to produce as a result 'confusion' (2010, p. 19) and that it was 'premature to say how a broad and unifying synthesis of the different perspectives could be achieved' (2010, p. 20), but the research must continue.

The research by Higgs and her associates focused on the health professions, of special interest because of the Commonwealth Government's choice of professions for national registration. Her focus stressed the 'what' of practice (2001) and noted the three core factors of her framework of practice: the practice-knowledge dialectic, practice development and the facilitation of what she termed 'professional agency' and the generation of knowledge through practice and the enhancement of practice through knowledge (2001, p. 224).

Kemmis directed his attention to the 'where' and the 'what' of practice. He proposed that the understanding of contemporary practice needed to be viewed in the context of what he called the 'five traditions in the study of practice' (2010, p. 21). The scope of his perspective was lengthy historically and included the pressures on the 'where' of practice. He also noted that changing professional practices required not only changing practitioners' practical knowledge but also what he defined as 'the mediating preconditions that comprise the *practice architectures* within which practices are practised' (2010, p. 20). Some of the practice architectures to which he refers are noted in the global pressures on practice identified by Cervero and Wilson (2000) and noted in Chapter 8.

In Green's work, he viewed professional practice within the context of professional education and what he termed the 'global pressures' on that practice, similarities with Kemmis' 'architectures'. Green, with his colleagues – all with links to Charles Sturt University – also focused on learning within practice and the need for appreciating the various types and changing styles of learning associated with professional practice and as practitioners become more expert.

The work of the three researchers, Higgs, Kemmis and Green, demonstrates the breadth of the field and the many perspectives from which it may be considered. It is clear that both the 'where' and 'what' of practice require careful attention. However, while there appears to be some progress in some areas, the caution from Kemmis about a successful outcome seems realistic. Nevertheless, the need for well researched and grounded bases for professional practice remains a high priority.

In a different approach to the professional practice dilemma, from the United Kingdom Cheetham and Chivers (2005) developed a model to encapsulate professional practice across professions. Their 'revised model' is reproduced below and seeks to show practice in operation. The model incorporates many of the concepts and practices discussed in the story of CPE's emergence. There are four identified types of 'competence' – knowledge/cognitive; functional; personal/behavioural and values/ethical. Reflection is significant in the model embracing the competencies/competence. The 'context of work' and the 'work environment' are also concepts that overarch the process and the constituent parts of the model. The significance of the recognition of various types of learning and self-development is also evident. Its visual presentation clearly demonstrates the complexity of the process being described and illustrates the difficulty of operationalising such a model.

Figure 13: The Cheetham/Chivers' model of professional practice

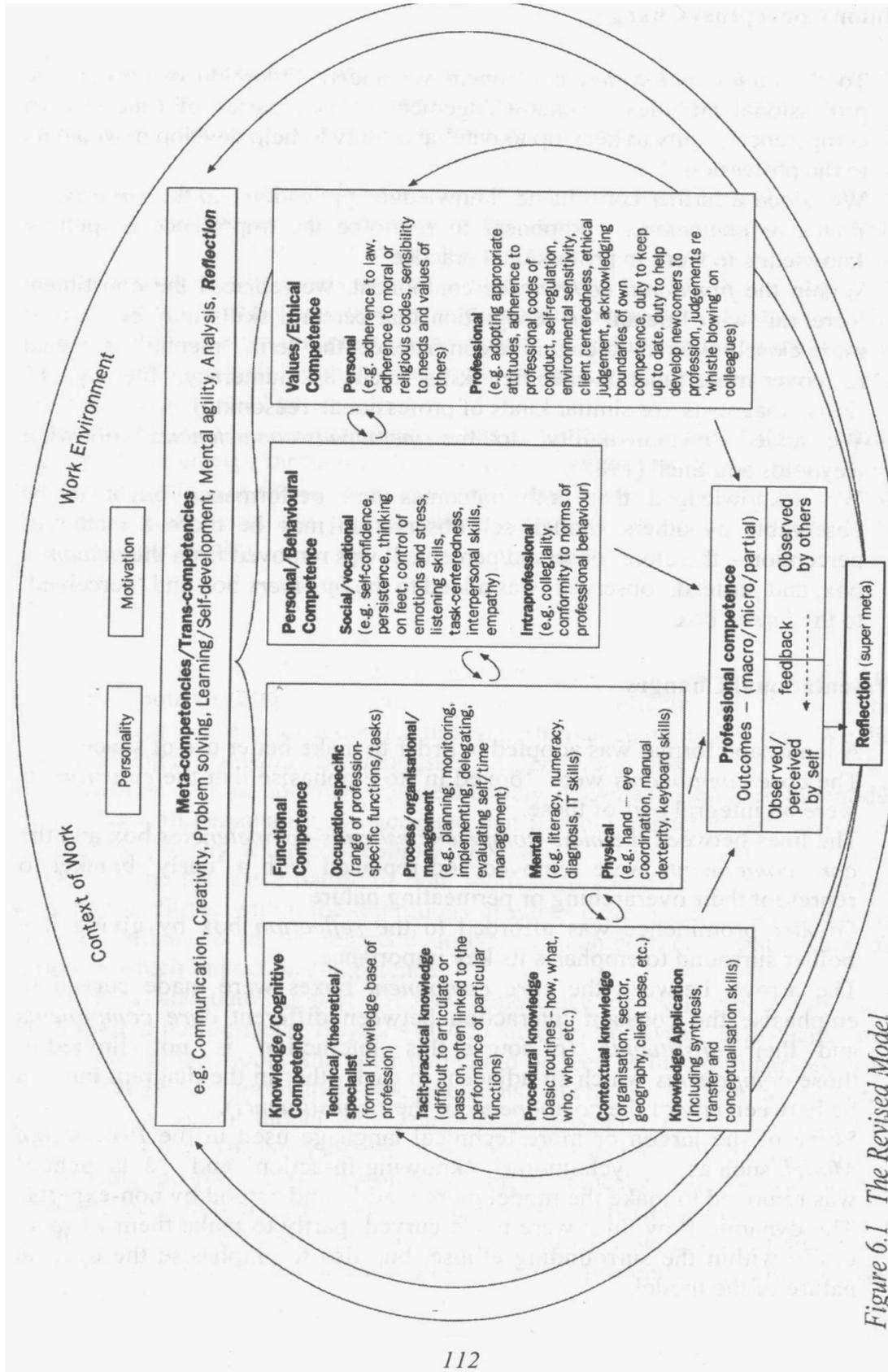


Figure 6.1 The Revised Model

Source: Cheetham, G. & Chivers, G. 2005. *Professions, competence and informal learning*.

Cheltenham, UK: Edward Elgar, p. 112.

The comprehensive explanation of professional practice has not been delivered: nor was that anticipated. But in the linking together of the features of CPE as it has been presented in this thesis and the exploration of some of the ideas and concepts proposed in seeking to explain professional practice, questions and issues have been raised that are important for understanding professional practice and the CPE which is designed to support practitioners' practice. To what extent are the following assertions relevant to a comprehensive description of professional practice? Professional practice involves events that are very dependent on the context and the individuals concerned. Professional events may be repeated but the outcomes may differ because the outcomes cannot always be predicted. This practice involves risk. There are ethical issues relating to the practitioner, the client(s), their families and associates, colleague professionals, other staff and the technology and procedures that are used in the practice event(s). The level of performance of a practitioner will change over time and some will move from being novices to be competent with some becoming experts. There are several perspectives on assessing the performance of practitioners, from self and peer assessment, to assessment by the client, the professional association, registration board or complaints authority. There are clearly many stake holders in professional practice across all the professions, for each profession and for the individual practitioner.

The demonstrated lack of development of adequate means of describing professional practice has significant implications for CPE. CPE is focused on the third stage of professional education and supports the professional in their practice. It is therefore a concern that the generally accepted theoretical basis for professional practice in the first stage of professional education and in practice areas such as the defining of specialisations remains the competencies compromise solution identified in Chapter 6. That position evolved two decades ago. There have been improvements over those two decades but the situation remains that the status and role of professional education and CPE may be limited because of the lack of progress and refinement in the understanding of professional practice. Also there is Stevenson's advice about the possibility of having to reassess the meaning in the current decade of key concepts, such as competencies, practice and professional.

There is also the question of the changing perceptions of CPE as it has emerged and developed. Professional practice has changed, what are the corresponding changes for CPE? How are they related? In this description of CPE, it was initially identified as a private

concern of the individual practitioner: how they kept up to date, remained effective and planned their career. Actually performing as a medical practitioner, physiotherapist, school teacher or optometrist (the experiences of the older interviewed professionals) was a major part in this process and learning from that doing, that practice. In a second stage, the responsibility was removed from the individual practitioner and assumed by the professional association. Provided education became central in this new format and identified as CPE. MCPE resolved the question of the management of practitioner participation in CPE. In MCPE, the potential for this field of education to fulfil a more comprehensive role became apparent in a third stage. The goal of ensuring the laggards were not going to continue as a danger to the profession's status was re-focused on reducing the level of risk in professional practice for all practitioners. Linking MCPE with adherence to a Code of Ethics or Standards was promoted as a means minimising the risk of un-professional practice behaviour. This expansion of the role of MCPE has been enshrined in the Standards of the National Regulation of select health-related professions in 2010. The fourth stage, which is at the moment a 'work in which there has been hardly any progress' situation, may represent both a return to the first stage but also a movement forward from the third stage. In a reversion to the past, the significance of learning that was at the root of the 'learning by doing' activities of the older interviewed professionals is being revalued. In the Cheetham/Chivers model (Figure 13), various types of learning and reflection are significant operational parts of the model. The reliance is not solely on provided education, the MCPE solution. The terminology used is about 'workplace learning', ie from both the what and where of practice. Also acknowledged in what has been shown from the novice to expert research is that there are important differences in the ways in which practitioners' modes of operation and learning change as they develop as practitioners. The ways in which MCPE has been integrated into the rules for the new designations and specialisations underline the accepted importance of learning in establishing and maintaining these designations and specialisations. Further evidence of the work in progress aspect of this stage is the apparent acceptance of the necessity to move from inputs to considerations of how outputs may be identified in relation to assessing MCPE.

Overall, it may be expected that as a more robust and coherent picture or pictures of professional practice are developed, the role of CPE may be clarified. Developing those pictures is vital.

Comment is required on the unfortunate parallel between the lack of progress in both the

development of an understanding of professional practice and an acceptance of the greater appreciation of learning, especially adult learning. This observation is obvious from the writer's broader perspective of adult and lifelong learning. In addition to the work noted above, there has been no embracing of Tough's research on 'learning projects' (Tough 1977), Thomas' work on 'managing learning' (Thomas 1991), Thomas and Plowman's 'global perspective' that included not only all the regions of the world but the learning of animals (1986), the work of UNESCO as represented by Delor's *Learning: The treasure within* which stated the universal need 'for each individual to learn how to learn' (1996, p. 12), and so on. The evidence was available: Australian CPE and MCPE apparently did not accept these challenges.

The narrow focus on MCPE and the belief that that policy would achieve a variety of goals such as effective practitioners and specialists of various kinds may be seen in reflection as being a barrier to the acceptance by those managing CPE, and they were primarily linked to the professional associations, of the outcomes of research in areas such as professional learning and professional practice.

Theme - The impact of the new national registration scheme

The limitations of the new national registration scheme have been presented in Chapter 9. The COAG initiated scheme sought to resolve a 'federal' problem inherited from the past century, the Foveaux system. It was an important problem for constitutional, workforce and economic reasons and it may achieve those ends.

However, the scheme was criticised because it was different from, and narrower than, the sorts of principles and standards that were characterised in the self-regulation of the professions by their associations in the twentieth century. The scheme included additions that covered issues relevant in recent years such as risk and overseas recognition but omitted features of the older standards focused on 'being a professional'. Those drafting the 2010 Standards did not recognise the value of the professions' and their associations' achievements in the past three decades in introducing and managing CPE, instigating MCPE and introducing new designations and specialisations. The scheme proposed for health professionals was not what may have been desired or expected by professionals, their associations, their clients or the community. Further, it was expressed in general occupational terms that were not 'professions-specific' in an historical sense.

But as the CPE tale has related, the professions and their associations had faced difficult times and problematic policies in the past, from the Training Guarantee and the open market to changing interpretations of risk. In spite of concerns by the ACP and individual associations, the professions had survived.

Regardless of negativity towards the scheme, my view was that it also provided opportunities for the professions and their associations. A major national scheme offering potential opportunities was a possibility not frequently evident in CPE's emergence. I observed that the professions' leaders had not anticipated these opportunities.

Two observations about the introduction of this national scheme are made and then a proposal offered. First, the 2010 registration regime differed from earlier major changes, such as MCPE and competencies, as there was limited public debate. Nevertheless, there have been criticism, questions asked and organised 'monitoring' of the scheme, originating in the professional associations. This was mentioned in Chapter 9.

Secondly, there has been recent academic discussion about CPE and related topics. For example, Boud and Hager (2011) focus on thinking about CPE using different metaphors and stress the location of practice as a key concept requiring closer attention. Hager and Hodgkinson's paper (2009) stresses the importance of moving beyond the unsatisfactory metaphor of the transfer of learning and favours what they term 'learning across boundaries' (2009, p. 636). These are well researched and argued papers that deserve careful consideration. However, I question whether 'exploring metaphors' or examining 'learning across boundaries' is a current research priority. The reality of the situation, whatever one may consider of problems such as the de-professionalisation of, or changes in the context of, professional practice, is that the major current issue for all professions is the national registration issue. It is the proverbial 'elephant' in the room.

In response to this registration scheme, a proposal is offered. In CPE's tale relating to the adoption of competencies in Australia, the impasse created by the conflicting views about competencies was resolved by developing a compromise. Concepts and procedures were re-interpreted, re-classified and accepted. For the new national registration scheme, my proposal differs from the CBT situation of re-defining the terms in the development process and presents a particular interpretation of the decisions that have already been made. There is no evidence that this interpretation was contemplated or envisaged when the policy

decisions were being made. However, the interpretation is a type of compromise, responding to the actualities of the situation currently facing the professions. The interpretation is that the policy decisions of the new registration scheme have created two types of CPD. There is MCPD that is clearly identified in the 4th Standard. This is the MCPE that was the focus of Chapter 4 and whose role is now linked to the process of practitioners being able to re-register and continue to practise. This Standard is symbolically recognition in national legislation of the work of the professional associations over almost three decades. There should be no misunderstandings of the role, purpose and operations of MCPD.

But from the recounting of the tale of CPE's emergence, there is the question: What about the CPD beyond the requirements for re-registration? The Standards have no mention of this 'other' education and learning. The proposal offered is that this non-MCPD CPD be recognised as a second type of CPD.

It is accepted that the proposal may not satisfy the requirements of some with different views on CPE or professional practice. However, in the tale of CPE's development, the proposal provides the means of grasping an available opportunity. This compromise is a direct response to a major decision of the national registration regime.

The first type of CPD is integral to the Standards, focused solely on the mandatory requirement related to re-registration. The significant new feature of this mandatory requirement, that was never achieved under a Foveaux or other scheme, is that this MCPD is required for **all** practitioners seeking re-registration, not the laggards or some special group within the profession. Thus regulations regarding MCPD would apply eventually, if the scheme is rolled out across all professions, to all practitioners in the nation. The CPD, outside the mandatory area, becomes 'educational space', not bound by the regime's Standards and available for innovation. This non-MCPD CPD was not identified as a separate entity. But how large is it compared with the mandatory option? How may it differ from the official MCPD provision dictated by the Standard? This is unexplored and unclaimed territory.

The potential impact therefore of the national registration scheme on CPD is almost limitless. What has been created is bi-modal CPD, with two clearly different forms of provision with different goals. The control of the mandatory mode is clear, namely the Boards. The management and operation of the second type is not prescribed, and will be

discussed in more detail in Chapter 12, an opportunity to be grasped. Whether this reality was planned by those devising the new regime or those responsible for CPD has not been claimed. However, I identified this new environment in which CPD will operate and explore some opportunities it offers in Chapter 12.

The national registration scheme has been important. Its impact on CPD is more significant than any other policy or event in its tale to this point.

Conclusion

The examination of these six themes rounds off the story of CPE's emergence to 2010. The themes reflect ongoing and short term problems and more recent concerns. They indicate areas that have received insufficient attention. However, the new national registration system and changes in professional practice and the context in which professionals operate may provide opportunities in which attention may be able to be devoted to focusing on these themes and their associated problems.

Chapter 11: Rounding off the tale of CPE –

Problems areas & the popular picture

Introduction

The rounding off of the tale of CPE in this chapter features a discussion of two unresolved problems relating to ethics and soft skills in practice and the implications for CPE. That discussion is followed by a very different topic, how the field of CPE is generally pictured, and related problems.

Two unresolved problem areas

Ethics and soft skills have been recognised as problems facing CPE. These areas are examined for four reasons. The first is that there does not appear to have been progress in solving these problems. Secondly, the national professional registration regime may have addressed these problems but did not. The third reason is that the story of CPE has contained many missed opportunities but the new national regime may offer an opportunity to specifically tackle these problems. Finally, the Professional Services Council identified these two areas for special attention and their concern influenced my choice to explore the problems.

Ethics

Dictionaries define ethics as a system of moral principles by which human behaviour is assessed according to the rules recognised by particular groups (eg. Dictionary reference 2011). The system includes general principles and their application in areas such as professional practice.

Ethics was a 'sleeper' issue in the 1990s but became significant with changes in professional practice and the focus on developing competencies. The requirement, identified in Chapter 4, for those with Special Designations to follow a particular Code of Ethics also created attention to the issue. The instrument I developed, *REFPRO* (Brennan 1996a, 2007 & 2008), described practice using four dimensions: technical, administrative, social and ethical. In my discussions with association personnel about *REFPRO* in the 1990s, they asserted the ethical dimension was unnecessary and irrelevant. Practitioners on the other hand unanimously agreed the ethical dimension was necessary, a reaction surprising association personnel although ethics have always been an essential feature of professional practice.

Ethics and standards were included in the Chapter 1 lists of 'characteristics' defining

professions. The American Association of Professors of Higher Education (1975, p. 5) noted a 'series of standards and an enforced statement of ethics'. Part of the 7th in Schein's list of characteristics stated: "... The profession ... develops strong ethical and professional standards for its members. Such standards may be expressed as codes of conduct and are usually enforced by colleagues through professional associations and administered by fellow professionals" (1972, p. 9).

Codes were part of professions' self-regulation by the professional associations. They also helped the associations perform what Jarvis recognised as their twin purposes of 'mastery of an identifiable body of knowledge and the control of its applications in practice' (1983, p. 22). The associations were the guardians and police of the profession's ethics. The codes expressed correct behaviour for the practitioner but differed from the Ten Commandments (enunciating what a practitioner should **not do**) and defining behaviour to follow. The rhetoric was *thou shalt* not *thou shalt not*.

The ACP adopted the following policy on Ethics, containing a Generic Statement followed by seven parts of a Code of Ethics. The parts were positive assertions concerning behaviour by the professional using the verbs *place, apply, act to uphold, build, give evidence and continue* (ACP 1990). In courses for new engineers in the 1990s the role of the Royal Charter of IEAust provided a basis for ethics within the organisation in that its objects were 'to promote honourable practice and repress malpractice' and 'regulate the ethical practice conducted by its members' (Lloyd 1991, pp. 28 & 29). Also in the 1990s, the ACS stressed its members' commitment to a Professional Code of Ethics and also 'offered guidance on acceptable standards of professional conduct and practice' relating to six areas: Priorities, Competence, Honesty, Social Implications, Professional Development and the Computing Profession (*Australian Computer Society*, undated promotional leaflet, late 1990s). The associations provided guidance for their practitioners.

The PSC had a vested interest in the ethical dimension of the practice of professionals using its 'schemes', noted in Chapter 8. In 2002, Professor Seumas Miller wrote a paper for the PSC on *Model code of ethics principles* designed for discussion by professional associations, higher education and CPE providers. The paper however failed to establish that the codes had changed over time reflecting different ways in which societies operated and how values had altered to meet varying conditions. The Miller paper may contribute, with those of the ACP/PA and professional associations, to developing codes for individual professions but

what is not offered those who must practise according to the codes is an appreciation of the changing values in communities within which the codes are applied. There was no attempt to provide a theoretical base for the codes and allow comparisons and contrasts with older structures and values that have and are changing. Appreciating the cultural context in which practice operates and changes within that context were areas where practitioners needed support. This support was limited.

The problem of effective CPE on ethics for practitioners is illustrated in the following examples. In retirement I continued researching CPE. In one project (Brennan 2004, p. 39), I persuaded three professional associations to place a request in their association's newsletter for members to pass on to an email address (my own), their negative experiences about CPE. The responses were individualised and stressed CPE's close relationship to their practice. Two practitioners in health professions reported problems involving cross-cultural issues. One had gained a position in a health service in a remote area but had not realised that 90% of his clients would be Aboriginal. He eventually found a weekend school in Sydney on dealing with clients from 'different cultures'. To his dismay the school was attended by Sydney colleagues for whom 'different cultures' were those of clients from Turkey and Lebanon. He did learn 'general principles' but the school was of limited practical help. A female practitioner became responsible for teaching migrants from the Middle East about AIDS education and 'safe sex'. She attended three CPE activities that were advertised as exploring health programs to clients from 'other cultures' but her specific questions were never addressed. These programs were not 'in tune' with the situation-specific needs of the practitioners.

In my contacts with professional associations' CPE personnel in 2002, they commented that their members did not attend CPE programs on the Codes or Standards. As CPE was market driven, these ethically-focused programs were seldom offered. There were also difficulties finding appropriate persons to conduct the programs and those from the universities or specialised centres were not, in their members' opinion, in touch with the realities of contemporary practice. As indicated below, services other than CPE may be more useful in these issues. However, their effectiveness and degree of take-up are not documented. This is no excuse however for CPE providers to avoid their responsibility.

In the following paragraphs, there is an explanation of the changing context of the professional/client relationship, followed by the ways in which associations have developed

'new' Codes and sought to assist their members deal with ethical issues. Finally problems of teaching ethics within professional education are raised.

In Chapter 6 on competencies, the contrasts between modernity and post-modernity were used to highlight differing perceptions of the changing world of the late twentieth century. The breadth of the post-modern impact on architecture and the economy (Harvey 1989), critical thinking (Lankshear & McLaren 1993) and feminism, science and religion (Jencks 1992) produced an extensive range of comparisons of the modern and post-modern world. For competencies, Bagnall (1993, p. 29) provided in Figure 6 contrasts between the modernist and post-modernist views of educational concepts. For ethics, Bagnall (1998, pp. 83-84) has identified the oppositional stances of the two views. For the modernist view, ethics is focused on generalised, universal rules while for the post-modern interpretation the spotlight is on the individual situation. Features of this post-modern situatedness are: intuitive, spontaneous, autotelic, fragmented, aporetic and pluralistic (as opposed to the unitary nature of the modernist position) (Bagnall 1998, pp. 83-84). So for post-modernism, there are no rules or codes: legislation for morality was misguided and pre-determined rule following irrelevant because of the individual, particular and peculiar nature of each situation. Bagnall described the ethical dilemma for his own profession as 'the situationally sensitive wayfarer; being an adult educator in the age of the chameleon' (1999, p. 169).

The degree to which post-modernism has been embraced is not pursued. However, the conclusions offered by Bagnall address the concerns of practitioners for whom the dilemma has been one of uncertainty and confusion in applying the profession's Codes in specific practice events. Further if the situatedness of ethical choice, identified by Bagnall, has relevance then what are the implications for the modernist-based Codes of Ethics? If even limited relevance is acknowledged, there is a problem for the professions. In many professions significant policies, such as the right to continue to practise, use a special designation or participation in a liability/insurance scheme, may require adherence to a Code of Ethics. The prescription and superficial certainty of the older approach would appear to be disadvantageous in assisting the members achieve these goals.

As is normal in discussing the professions, there were profession-specific responses to the concern about ethical codes, including changes to the codes plus a range of activities and services offered by associations to address this problem. Generalisations across the associations are difficult on whom responsibility primarily rests in this issue.

Assessing how professions have dealt with the ethics problem would probably be recorded as "with difficulty". Several adopted options are discussed.

Seeking to demonstrate leadership on this issue, Professions Australia (PA 2009) under the heading Ethics Resource Centre noted the need for a code that was measurable, had penalties and a commitment by the members and the organisation. Twenty nine principles were listed, derived from the PSC. The majority of principles required a statement to be developed on the principle, usually an updating of earlier assertions of appropriate behaviour expressed in general terms. Principle 5 stated that the Code should 'contain a statement expressing commitment to non-discrimination on the basis of gender, race etc' and Principle 15 that the Code 'contain a statement committing members to compete fairly in the market' (PA 2009). In difficult contemporary situations, may not lists of statements confuse the practitioner? More guidance was needed.

The nursing profession devoted extensive resources to the problem of ethics. Nurses were not only on the front line of the medical workforce, but were often part of a team of professionals. A document from the Australian Nursing Council (ANC), Australian Nursing Federation (ANF) and RCNA noted the purposes of their Code of Ethics:

- identify the fundamental moral commitments of the profession,
 - provide nurses with a basis for professional and self reflection on ethical conduct,
 - as a guide to ethical practice, and
 - indicate to the community the moral values which nurses can be expected to hold
- (ANC, ANF & RCNA 2002, p. 1).

Three of the six pages of this document were devoted to presenting six 'value statements' and then for each value statement from three to five 'explanatory statements' associated with each value statement. The document did not tell nurses what to do in specific situations: however it provided assertions and statements to help the individual nurse make decisions in specific situations.

A place remained for Codes of Ethics to guide practitioners' behaviour in daily practice, but the newer Codes were different from the *thou shalt not* and the *thou shalt* versions of former years, recognising the individual practitioner was responsible for their behaviour in each situation.

Professional associations in the 1990s provided other support to members with regard to

ethical behaviour. For example in 1997 the Law Society of NSW brochure listed members' services related to ethical practice: a mediation service, practice support (by phone), a limitation of liability scheme (through the PSC), ethics advice (from three staff members of the Law Society), practice management advice, a Professional Liaison Officer on professional conduct problems and a Senior Solicitors' Scheme where senior practitioners would provide advice (Law Society of NSW 1997). There was no indication of the extent to which members used these services.

The ACS devoted the *Australian computer journal* (February 1997) to 'Ethics and the Internet'. Guest Editor, John Weckert, (1997, p. 1) noted 'the ethical problems which are spawned by the use of computer technology are not new. ... What is significant in this examination is that the development and use of computers has raised old questions in interestingly new and different ways.' His statement reflects the changing nature of the problem. In the following articles, members were exposed to ethical problems related to privacy, content regulation, copyright in shareware programs and an internet ethics' bibliography.

The ICA responded to the ethical problem by offering members a video with five scenarios. The aim was to 'take participants from the abstract study of ethical principles to the emotional and ambiguous task of dealing with specific ethical issues' (Noted in an ICA leaflet for members, no date but late 1990s). The ICA's approach indicated that it was aware of the current ethical concerns, but its problem may have been to persuade members to use the video.

In a different contribution, Helen Murray, current AASW Vice-President, offered her view on an AASW position on the euthanasia issue, noting that it had been agreed to seek an 'Association position' on the issue. However, she realised the objective was 'an impossible mission' (1997, p. 8) and concluded that increasing the availability of palliative care services would be supported by AASW members but on euthanasia it was 'so intrinsically bound up with the values and beliefs of individual members that there can be no agreed Association position' (1997, p. 8). The result was no AASW position, evidence of the complexity of ethical issues.

Brock in a paper on 'The Professional Ethics of Teaching' (1999) used the term 'contestation' to focus on the position teachers and other professionals face.

He observed that in the contestation situation in practice professionals have to 'make a professional judgement as distinct from applying a list of rules as to what is the greater *good* or which is the lesser *evil*' (1998, p. 17). The concept of a 'general' or 'greater good' was used by Jarvis in examining the relationship between professionals and clients (1997, 41ff). Ethical questions are resolved by individuals on a situation by situation basis.

But there was a further problem with practitioners and ethics. I observed (Brennan 1993, pp. 1-2) that practitioners were not 'expert', in fact, amateur in explaining their practice. Ozar (1993, p. 148) observed from his USA experiences, and the same may be true for Australia, that the "public wonder if professions really do understand, ethically, what they are doing". The comment, if accurate and applicable in this current century, is disturbing.

Ozar also identified the problem of 'teaching' ethics in the first stage of professional education. One feature of his contribution was that there was a difference between the legal and the moral elements in professional practice (1993, p. 161). Offering advice to practitioners on the legal elements may be definitive and guided by precedents and judgements but by contrast, advice to the practitioner in the moral elements of practice situations must always be to some extent ambiguous.

However, to provide guidance to those in professional education or associations supporting practitioners, Ozar described six goals for ethics education (1993, pp. 153-158):

Goal 1: Enhance the modelling-imitating-habituating process that is part of all professional formation.

Goal 2: Heighten students' awareness of ethical issues in professional practice.

Goal 3: Strengthen students' reasoning skills, particularly in the appreciation of norms of the profession to practice situations and in judgements of whether norms of the profession are appropriate and sufficient.

Goal 4: A basic understanding of the nature of the profession and the general character of professional obligations and an understanding of the content of the norms of the profession.

Goal 5: Enhance the students' ability to implement careful ethical judgements and to formulate appropriate strategies for addressing barriers to such implementation.

Goal 6: Make students more articulate in discussing the ethical dimensions of professional practice and more effective listeners when such matters are being discussed by others (1993, pp. 153-158).

The goals recognise a different context for practice and ethics from that assumed in Schein's declarations and the 1990 ACP Statement but there will be problems in the application of Ozar's goals in a post-modern world. What he does affirm that has relevance is that all faculty must 'teach' ethics in the sense that they should help students to explore the ethical dimensions of practice events (1993, p. 177).

Highlighting difficulties with ethics/standards for professionals by the PSC provided a focus for various stake holders in professional practice and education. However, while the codes and standards may have been more thoughtfully produced as a result of the Miller paper, problems of explaining the context of the new requirements for practitioners in dealing with clients and of the practical issues in individual events may not have been brought closer to solution. So the ethics issue requires attention particularly if the national registration scheme expects quality practice.

Soft Skills

The second issue also became apparent when competencies were applied to professional practice, as competencies emphasised 'skills'. The argument for professionals focused on what they had traditionally called their 'professional skills', those based on disciplines and learned in their initial training, ie applying knowledge from foundational disciplines. Other skills, necessary to allow the practitioner to perform the professional skills effectively, were either assumed or overlooked. They were to be learned in practice and were identified as 'non-professional' or 'non-technical' skills.

But the assertion in the last sentence was questioned. There were a number of common skills that were often as important as traditional professional skills. Further, failure to perform these skills effectively contributed to practice problems and consumers' complaints. The HCCC cases in Chapter 8 revealed how inadequacies in practitioners' skills in communicating or dealing with peers, clients and their families were associated with complaints. These skills were designated as 'soft' skills to distinguish them from 'professional' skills.

So in its role of exploring issues related to professions and their practice, the PSC established a project examining soft skills and CPE, as CPE was considered the means to address that problem.

One of the concerns associated with discussions of these professional 'soft skills' was to gain agreement as to what skills were appropriately given this title. So in its project, the first task the PSC gave its consultant, Field (10.) was to identify these skills.

There are many potential sources to develop such a list, eg from Mayer's (1992) generic 'foundational skills', listed in Chapter 6. Field identified as 'soft skills' from research in the finance, information technology and telecommunications industry the following eight: communication skills, thinking skills, learning skills, skills in managing projects & priorities, skills in working with & understanding systems, leadership skills, skills in applying & using information technology and personal & interpersonal skills (Field 2001).

As with the lists of 'characteristics' of professions noted in the Introduction, these lists tend to be person, and perhaps industry, specific. But there appear to be general characteristics of soft skills and three are noted. In the workplace the way soft skills are used depends to some degree on the personal values and attributes of the user. Secondly, the allocation of a skill to the 'soft' category may vary from profession to profession and situation to situation. A skill may be technical for one profession's practice but non-technical in another. Thirdly, the successful outcome of activity in the workplace is usually the result of using both professional/technical and soft skills (derived from Field 2003).

For the PSC, Field surveyed six professional associations representing four professions, accounting, law, surveying and valuing. His report (Field 2003) demonstrated that soft skills were significant in the practices of the professions studied and as a consequence a need for CPE in these skills. However, the responses from the professional associations indicated that demand for soft skills CPE was 'low to non-existent' (Field 2003, p. 14), a view supported by my own evidence. In seeking to answer the question why there was such a low demand for soft skills CPE, his research revealed nine reasons (Field 2003, p. 16). The reasons covered a range of responses that related to the attitude of the practitioners, employers and CPE providers to soft skills. Generally soft skills were valued far less than technical skills with a similar low level of value for soft skills CPE.

(10). Dr Laurie Field is an academic in Adult Education & Training. After two decades at the University of Technology, Sydney, he has recently joined the School of Education at Macquarie University. He has consulted widely in the areas of training, accessed from http://www.educ.mq.au/contact/our_staff/dr_laurie_field, 2 November 2012.

To respond to this situation, Field proposed six strategies for improving soft skills CPE, namely: promotion, experiential learning, mentoring, e-learning, alliances and evaluation. These strategies formed the basis for a workshop, *Soft Skills CPD: Foundation Skills for Good Professional Practice*, organised by the PSC and held in Sydney on March 24, 2004. The strategies plus the comments of the consultant Field, an expert of risk management and myself and two case studies from the professions of engineering and building provided the basis for a group from professions, professional associations and CPE providers to discuss the soft skills problem in CPE.

The workshop discussion revealed that when soft skills CPE was offered, practitioners did not attend. Field's alternative methods for dealing with the problem were acknowledged as potentially providing answers, but there were no guarantees on the evidence of past experience. The problem remained as to how professional associations and other CPE providers were to bridge the gap between the offering of general courses on communication, thinking, learning, leadership etc. and the needs of the individual practitioner. For example, there is the older professional whose practice need was in developing his skills in talking with colleagues from Generation Y, or the architect whose practice had changed from designing houses for families to designing factory buildings for engineering companies and who needed assistance in being able to communicate with company representatives not couples. These specific needs are unlikely to be dealt with in a CPE course on oral communication.

There was evidence to support the view of those involved in CPE that soft skills had not been a clearly perceived need by practitioners and that was not just in the present. Lublin (1987) reported on a course for pharmacists called a 'Self-Care Package', based on the concept of the pharmacist as resource person for consumers wishing to play an active role in self-care. Lublin noted that if the program was to be successful, then pharmacists would need to be good communicators. However she also observed that 'a workshop on communication skills was not perceived as a priority by most pharmacists' (1987, p. 9.)

An approach to the question of soft skills in a profession's practice may be to assess the changing use of professional and soft skills in that practice. What is the changing role and importance of soft skills for the practitioner and the emerging needs of practitioners in these skills? Are soft skills assuming importance as technical/professional skills, as illustrated in the following example from genetic counselling?

Traditionally the medical practitioner advised patients and their families regarding problems associated with genetics and degrees of risk involved, eg. whether a child of a future pregnancy may have a genetically transferred abnormality. In the Professions Australia paper noted above on 'risk', the point was made that the level of expectation of patients regarding risk may have been higher than, or different from, that assumed by the practitioner. It was also observed how the professional's view of risk was generally assumed in quantitative terms. There was in the genetic counselling interview the possibility that patients may interpret the quantitative data differently from the doctors and view calculations of 1 in 50 chances as being dangerous compared with the doctor's view of minimal danger (Professions Australia 1996, p. 2). There may be a distinctive gap between expectations of risk by the professional and the patient, while this interview situation also illustrated differences between subjective and objective elements in dealing with risk.

There was also the fact that nurses had assumed genetic counselling roles within hospitals. Because of their experiences with patients, nurses frequently had a different view of counselling, favouring a more informal patient-centred approach and involving the patient in decision-making. The changes in the personnel, methods and goals of the interview created a shift in genetic counselling practice. The level of importance of soft skills had changed with a different approach to interviewing. The changes provided a challenge for CPE.

I became aware of this problem when a nurse who had become a genetic counsellor enrolled as a MEd candidate at the UNE and I became his supervisor. The thesis was reported in the *Australian Journal of Adult Learning* (Rae 1999). The research reported on how to explore the learning of the patient in a genetic counselling session as part of the broader process of re-adjusting the former information and percentages type of presentation, ie of a technical structure, into a patient focused time of sharing and interpreting information and feelings and planning decisions as a result of this sharing. In general, the soft skills of the client centred interview became a central part of the practice of genetic counselling because of changes in the personnel involved, the increase in knowledge about genetics and the requirements of a more informed client group who desired to be involved in the decision-making related to potential treatment. Similar changes may be evident in other practices where soft skills assume importance as professional or technical skills.

The degree to which the strategy for improving CPE in soft skills by using a wide range of

delivery systems, as suggested above, may make this CPE more acceptable and/or available to practitioners has not been demonstrated. Experience in the use of these varied methods may provide answers to help solve the problem. Do not the practitioners' problems with ethics and soft skills require a solution that is able to deal with the individual situational problems that may be their prime concern? These concerns were evident in the examples of practitioners' problems with soft skills CPE noted above.

No serious attempt appears to have been made to update CPE to address ongoing issues relating to ethics and soft skills. While the issues in these areas continue to cause problems in professional practice, it is clear that they will remain a concern for CPE provision even though strategies such as those discussed at the PSC workshop are adopted.

In those circumstances these areas will remain an unresolved issue within professional education. Or may special CPE provision be developed to deal with soft skills and ethics? An answer is proposed in Chapter 12.

The popular picture and related problems

In contrast with policies, themes and specific problem areas, two brief snapshots or pictures of CPE are offered. They focus on CPE's goals and operations. Both originated in the USA, though they are relevant to Australia. That fact highlights Australia's unfortunate lack of attention to the nature and perception of its own CPE.

The initial snapshot is of CPE in operation. The first picture from the 1980s shows a group of adults in a hall sitting on chairs behind tables arranged in rows. The tables feature note pads, pens and pitchers of water with glasses to provide sustenance to the learners. The Australian version of that scene may have also included containers of mints or sweets for the participants' energy levels. At one end facing the tables and learners is a stage featuring a lectern, microphone and probably a board, black or green but eventually white. From this stage the expert – academic, consultant or experienced practitioner - delivers a didactic presentation (or lecture) focused on updating information on practice-related matters, usually supported by a folder of duplicated and later photocopied notes, of the actual lecture and additional reference material. That snapshot was initially proposed by Nowlen (1988, p. 23) and later by Cervero (1998 & 2000).

The concern is that many commentators asked to offer a contemporary snapshot would

convey a similar, though slightly up-dated, version. The up-dating may feature a laptop computer and a large screen from which the audience views the expert's computer-based presentation, CPE by powerpoint.

These pictures suggest that CPE operations may not have changed significantly. But there have been changes in the way CPE is presented and received. Two are noted. The first is that segment of CPE (how large is not known) not delivered in halls of learning but in workplaces or practitioners' homes. Secondly, reference to the speaker's laptop touches on that CPE (size again not known) delivered via an increasing range of technologies. In spite of these changes, the older picture remains valid as the perceived representation of CPE delivery. Does the following comment on school education refer also to CPE? It is one of the ironies of the post-industrial, knowledge economy that schools are the last bastion of the production-line factory system of the nineteenth century (Turner 2011). Will CPE be the last bastion of the lecture hall?

Nowlen (1988) contributed the second snapshot that focused on CPE's goals. He summarised the work of Houle (1980 and 1983) and Stern (1983) and proposed a description of CPE in terms of three models. First, the *update model* identified by Houle (1983, p. 254) observed that CPE was driven by didactic instructional systems 'to keep the professions up to date in their practice', as illustrated in the first snapshot. Nowlen added that 'updates maintain or enhance the competence of only some persons, some of the time' (1988, p. 31). The updating model was concerned primarily with catching up to serve the present. The key difference in the second, the *competence model*, was that the focus was the future in that the practitioners' learning would be valuable in their current but also future practice. This second model may have had some impact on Australian CPE in the 1990s with VET and competencies. The third version was the *performance model* emphasising not what the practitioner needed to learn to catch up or be more effective in the future but rather on how that individual practitioner was performing in their practice now. To this third stage Australian CPE, I would argue, has not consciously progressed. The Australian focus remains on inputs rather than outputs that represent the use of learning in improving the practitioner's future performance. A feature of this third model that should be recognised in Australia's CPE planning is Nowlen's claim that 'performance can never be fully understood by studies of the decontextualised individual' (1988, p. 69). The practitioner's past and current situation plus other roles performed in adult life and other cultural and physical contexts are all constantly contributing - for good or ill - to the practitioner's performance.

The models suggest, as an ongoing issue of the thesis, that there may have been progress in the emergence of CPE in Australia but that CPE's progress was not guided by 'educational models' like Nowlen's. Also, theorising about CPE in Australia has not been a priority. The perception of Australian CPE in action is like the tale reflected in the policies discussed above. It 'sort of progressed and became bigger and better in a rather haphazard way'.

There is also the reminder from Chapter 1 of CPE trying to be perceived as an educational sector but being comparatively disadvantaged in at least three areas. Firstly, there is no mechanism to collect comprehensive data on CPE, who participates, in what activities provided by whom via what delivery systems. A second disadvantage is the limited research on the field as a whole. Individual professions may be researched by members, their association, an academic involved in the profession's training or a government agency but studying CPE across the professions continues to be an under-investigated area. Thirdly, there is no advocacy for CPE. There is no university Chair in the field, or a committee of the professional associations devoted to CPE or a designated CPE (CPD) sector within the national educational bureaucracies, eg in higher education or VET.

Clearly problems remain about the perception of CPE/D and its operations and status. Opportunities may arise when these problems are resolved.

Conclusion

The tale of CPE has been presented in terms of its relationship to other types of educational provision, three policies, six themes, two problem areas, and finally the popular perception. No judgment has been made of its overall success, or lack of it, though a number of missed opportunities have been identified. The final chapter seeks to indicate how the setting up of a national registration scheme for health-related professions provides an opportunity for a major re-shaping of responsibilities and roles regarding CPD research, development, management and provision, potentially across all professions.

Chapter 12: For CPD – Exploring opportunities not to be missed

Introduction and outline

The tale of the origins and development of CPE has been related. The stories of many individual professions have been presented as a generalised story, beginning with the learning from practice and supplementary activities to the use of CPD as a major tool in the new national registration scheme for select health professions. The tale has covered three major policies, a number of themes and several problem areas and revealed the changing context in which CPE has been offered. 2013 is a very different situation from the 1960s and the PCCs attended by teachers or 1985 when the ASA established its mandatory program or the early 1990s when competencies were being promoted as a basis for the training of professionals.

Many missed opportunities have been identified in the tale. They have ranged from opportunities for the recognition of CPE by governments or for developing relationships with other educational sectors to the adoption of new policies or practices. However, this chapter argues that the introduction of the national scheme for the registration of select health professions is the most significant opportunity that CPD has faced in its history. The argument is extended to suggest that while the new scheme may not provide the solutions to solve all CPD's and related problems, it is an opportunity to be accepted to discover the degree to which the scheme may contribute to their solution. These problems include the field's recognition, the concept of CPD as provision relating beyond individual professions to the professions as whole, and its role in the three stages of professional education. Also there are the issues of the lack of CPD data-collection and of adequate support within government bureaucracies and the higher education and VET sectors. The objective is that these opportunities be taken and used to achieve goals for CPD. What may happen in this process?

Initially the notion of the 'popular picture' of CPD is re-examined. Then the ongoing concern for CPE's relations with other educational sectors will be updated in relation to VET. A major section will then explore specific ways in which the bi-modal concept of CPD may impact on its provision and development, firstly MCPD followed by CPD beyond the mandatory form. The next question explores whether stakeholders in CPD may become involved in this process of grasping opportunities. Finally, the role of the professional associations will be examined.

The Chapter concludes with a summary of potential futures for Australian CPD and possible outcomes for the professions and their associations in relation to their own versions of the tale of CPE in Australia.

The popular picture of CPD

The changing name, from CPE to CPD, offers an opportunity to re-assess the popular picture of this educational activity. The 'last vestige of the lecture hall' picture requires revision.

The search for the origins of CPE sent me to interviewing four older practitioners. They were from different professions but there were shared experiences, their learning from practice and personally initiated learning. It was their desire to keep up to date in their profession that was the foundation from which CPE has emerged. Attention to the practitioner therefore in the contemporary model provides a contrast to the emphasis on policies, systems and technologies that have claimed the vast majority of content in this thesis. So, let us adopt the individual practitioner as the focus of the picture of contemporary CPD, as suggested in Chapter 11.

What has to be added to this picture? There is the practitioner's **learning** that contributes to their **practice** which is set in a particular **context**. Thus there is the challenge to represent the interrelatedness of these three factors - learning, practice, context - in some symbolic way. A solution is not presented. However it is proposed as a challenge to those with an ongoing stake in CPD to investigate potential pictorial and symbolic means by which a recognisable and realistic picture of CPD in the second decade of the twenty first century may be developed to encapsulate the processes and goals that represent this form of educational provision. This new picture must be more relevant to CPD than the older style classroom of didactic CPE.

Relationships with other sectors

Chapter 3 was devoted to examining the relationship of CPE to other educational sectors and demonstrated the absence of effective and ongoing relationships with adult, continuing and community education. In the current situation, some of these older relationships may be no longer of significance, eg with adult and continuing education. However, it is observed that as a result of the establishment of the new professional registration scheme, there is a greater need for a formal relationship to be established between CPD and

vocational education and training (VET). VET was part of the context in which CPE developed from the 1980s.

However, a relationship between the sectors was not established although VET was the source from which competencies were introduced to the professions and Chapters 6 and 7 rely heavily on VET sources. Specific issues noted related to CPE providers becoming Registered Training Organisations (RTOs), while the observation was made that VET-related processes such as RPL and RCC were not used in professional education situations for which they would be beneficial.

One reason for this relationship at this time is that professional registration/regulation has become 'national'. VET is the sector for vocational education. CPD is vocational education with decades of experience in its field. A collaborative relationship is important for both sectors.

This new relationship between CPD and VET may be just one, but an important, new relationship to be developed in the situation which has been created by the new national registration scheme. Other opportunities for developing relationships between various stakeholders in CPD are discussed later in this Chapter.

Opportunities and possible responses

This section is exploratory, examining possibilities and potential outcomes. The key term in this section is 'opportunities'. What were discussed in telling CPE's tale were events and proposals that may have been of advantage to CPD. Opportunities noted may be accepted or overlooked: they may succeed and they may fail. The desired outcome in these current circumstances is that the opportunities that present themselves at this point in CPD's development are seriously considered.

While the national registration scheme is considered the most likely origin of these 'opportunities', others are derived from different sources or events in CPD's tale. The first illustration of potential opportunities is the 'disadvantages' CPD has suffered in its emergence, as indicated in Chapters 1 & 8. The national focus on CPD may result in the provision of comprehensive data on who participates, in what activities via what delivery systems within both the higher education and VET sector data collection. There may be attention to the total professional workforce, its composition and dispersion.

One or more university Chairs in the field and a national committee devoted to CPD within the national government's educational bureaucracies may be created. Are these possibilities more likely now than earlier? Who may seek to implement them?

A second illustration relates to issues or problems that have been raised in discussing CPE's tale. For example, there is the concern critics of MCPD have raised regarding the measuring the inputs rather than outcomes. If there was support for a change in focus to outcomes, how may this be managed? From where would the initiative come? To what extent may the Boards take initiatives in key policy areas? Unfortunately, precedents have not yet been established to indicate potential answers.

The operations of the national registration regime have not had sufficient time to define ways in which the system may function, deal with problems and introduce innovations. However, because the regulation system is comparatively 'new', opportunities for change and innovation may present themselves.

In the following sections, two types of activities are proposed. They are linked to earlier discussions in the thesis and deal with ongoing issues and problems. They are also presented as examples of the further development of the new bi-modal CPD. The first is associated with the formal, regulated CPD provision, linked to MCPD for all practitioners. The second is related to CPD beyond MCPD and the learning associated with daily performing their practice and with learning beyond the walls of their office or surgery and the practice which CPD is designed to support.

The two types of proposals presented are also designed to initiate an exploration of the opportunities made available by the new registration regime.

Proposed new type of CPD provision

The first proposal is to develop a new type of CPD provision, primarily within the mandatory area and designed specifically to deal with two identified CPD problems, soft skills and ethics. In this new type of CPD, the goal is to assist professionals implement their CPD learning in their practice. This proposal indicates how a problem identified in the story of CPE's development may be tackled using the new bi-modal CPD to devise a solution.

As noted in Chapter 11, professional associations and providers claimed that practitioners

did not attend CPD on soft skills and ethics. Some associations addressed these problems with for example advisory services in ethics, but these problems require a CPD response. If after more than 30 years' experience, CPD has no effective response, that is an unsatisfactory commentary on its performance.

The Chapter 11 evidence was that practitioners' major problem was the lack of attention to the application of the information delivered in the CPD event in their practice. How may specific cultural, social, inter-personal or economic factors of the practice situation in which the learning of the CPD activity is to be implemented be incorporated into the CPD event? Implementing CPD knowledge and skill is the practitioners' major concern.

What were the crucial situation-specific factors inhibiting the practitioners implementing their CPD learning? In the examples above, a major barrier was their lack of confidence in applying the CPD knowledge gained. The professional associations' newer publications on ethics may make practitioners aware of general ethical or inter-personal principles but the practitioner's concern was 'what to do now in this situation with these clients'.

The solution proposed is to develop an additional type of CPD whose special feature is that time is allocated to the consideration of the **implementation** of the learning from the CPD event in the specific circumstances of the practices of the participating practitioners.

Attention to implementation would have a twin focus, ie on ethical questions from moral, legal, economic and social standpoints and on those aspects of implementation that are covered by the concept of soft skills, such as oral communication with clients or colleagues, group decision-making methods, presenting alternative possibilities and outcomes. The proposal's goal is to designate a number of occasions when the treatment of ethical and soft skills aspects of implementing CPD learning is linked by edict with relevant CPD events.

What is the justification for this particular approach? The national registration regime for health professions confirmed that CPD had become MCPD. This proposal is focused at the system-wide rules on the delivery, content and style of MCPD, an integral part of all CPD programs. With CPD linked to the registration and re-registration of all practitioners, this policy would apply to all those practising in any regulated profession.

This additional type of CPD would be established within the mandated system, focusing on the implementation of the learning gained at a CPD event in the professional's practice.

Hargreaves, an expert on school teacher professional development, identified this problem of implementation:

“Workshops and courses were delivered offsite by experts, and received by teachers as individuals, who were then unable to integrate what they had learned into their practice when they returned to workplaces which did not understand or support their efforts” (1997, p. 93).

The addition of this implementation emphasis would be recognised in the title of 'CPD plus' or 'CPD+'. CPE+ is not used because of the adoption of CPD into the national vocabulary. CPD+ would not be required in all CPD activities but in a select and prescribed number or percentage of a practitioner's MCPD over a specified period. It is acknowledged that an identified 'implementation' step would not be relevant for all CPD events. CPD+ would be associated with activities where ethics and soft skills were involved together with the issue of the implementation of the learning from the CPD activity in the participants' practices. The goal is to address the problems noted by Hargreaves and in the examples of practitioners in Chapter 11.

The questions of *when, how, by whom, to what* and *how much* of the CPD+ event are examined. The following discussion indicates some of the questions to be addressed in adopting CPD+, and other similar activities that may be proposed. Experience gained from years of providing CPE will inform these decisions.

Regarding the *when*, the examination of the implementation aspects of the learning may be presented during or after the event. For example, implementation may be dealt with at an appropriate time at any stage during the event, as a series of steps within the event, at the end of the session or perhaps on an individual basis a day or one week following the event.

The *how* or methods chosen for the implementation aspects of the event may vary according to the content of the CPD and the nature of the participating group. Exploring an ethical issue may involve discussion of optional outcomes, the examination of a case study or just responding to questions about individual's practice situations. There may be a major shift of methodology towards carrying out a procedure and then in another setting exploring issues of using the procedure within the participants' practices or integrating the ethical and soft skills aspects of the process.

The methods used to explore implementation will vary to suit the topic. The timing of the implementation session may also influence the chosen methods. For example texting around the group may be used for this work after the actual event depending when the 'implementation' is actually happening. The ability shown by the professions to devise appropriate methods for assessment in relation to competencies, especially in specialisations (see Chapter 7), suggests that there will be no major problem with methods for CPD+.

Next the *by whom* question presents important decisions for providers. Will the initial presenter or one or more additional persons deal with the implementation aspects? There are many options. Some presenters may be able to cover all aspects. Having the primary presenter conduct all aspects of the event may please Ozar, whose work on ethics was quoted in Chapter 11. In higher education he argued that all academics must teach ethics so that students accept the potential relevance of ethical questions to all practice events (1993, p. 117). Equally it may be advantageous for all CPD presenters to have the ability to tease out the situation-specific implementation problems with their learners. The probable outcome will be that providers will find a group of their presenters who will have the ability and relevant practice experience to help learners explore implementing their CPD learning in their practice, or whether that would not be a good decision on ethical or other grounds and what negotiation skills may be required. Practitioners have complained that those advising on ethical or soft skills issues are frequently unaware of the specifics of practice situations. Addressing this problem will be a major task in rolling out CPD+.

The *to what* question is important in the course planning. Is the content of this event likely to raise issues for the practitioner seeking to implement changes in practice behaviour or in dealing with clients, management, other professionals or administrative or technical staff? An event involving passing on information about updated legislation or a new computer program may not appear to present implementation issues. Experience using this approach and knowledge of the participants, plus the resources to cover the implementation process, will facilitate decisions on the choice of events to be designated as CPD+.

The *how much* question will not be easily or quickly answered. Experience delivering CPD+ and examining evaluations from practitioners and presenters will provide data on which this question may be answered with some degree of credibility. Various levels of required CPD+ will need to be trialled. Consultation and examining the delivery of CPD+ events will be necessary to provide data for more permanent decisions on *how much* CPD+ in a mandatory

scheme. The historical evidence from MCPE is that the associations, and other providers, learnt quickly from experience.

There is no suggestion that dealing with the implementation aspects of CPD should be restricted to specific events identified as CPD+. They may be generally offered in providing an effective and useful CPD program. Further, it is anticipated that the process of exploring the introduction of CPD+ will provide valuable information to CPD providers beyond its specific relevance to CPD+.

In policy terms, the proposal is that the additional brand of CPD+ be offered. The 'plus' refers to the extra attention given as part of the event to the implementation in the participants' practices of material related to ethical issues and soft skills. For this new style of CPD to be accepted, collaboration between regulatory authorities at the national and state levels, the professional associations and CPD providers is necessary. Under the current national regime, a topdown decision-making process is anticipated with initial approval at the national level. With the promise of addressing directly a major problem from CPE – dealing with implementation and especially ethics and soft skills – a positive response may be expected from the regulatory authorities, associations, providers, as well as practitioners. Also of significance is that MCPD in the new national regime involves all practitioners and therefore the impact of CPD+ would potentially be on all practitioners in the professions involved.

Establishing CPD+ would require the acceptance of the concept and its purpose and its formal recognition in mandatory programs. Then in each national agency deciding CPD policy, like the National Boards for the health professions, a level of CPD+ would be set and publicised, eg in the on-line practitioner's MCPD logbook. The initial level may be set for just one or two years until data are available on the operations of CPD+. There would be a need for a specific lead time to develop policy and make changes to administration and documents. In addition, the opportunity should be given to CPD providers to trial CPD+ and identify and train those to deliver the implementation aspects.

The adoption of CPD+ would mark a significant step in the evolution of CPD in Australia in that the format and style of CPD nationally had not been the subject to changes directed to the professional development of all professions through nationally developed policy.

The CPD+ proposal may not be accepted in the format proposed here. However, it provides an example of the ways in which highly structured MCPD may be developed.

In the emergence of Australian CPD, there is evidence of adopting policies and techniques developed in other countries eg. MCPE and logbooks, or of refraining from using ideas and practices developed overseas eg. the CEU and the Standards from the USA. In adopting CPD+, Australia may be able to provide a method for overcoming a major ongoing problem associated with professional education and CPD globally.

The proposal for CPD+ is also symbolic of a change of emphasis in assessing professional learning. MCPE systems have used input measures, ie. hours and points, in assessing the practitioner's performance. But an assessment based on MCPE outcomes may be more appropriate and efficient. Measuring outputs however is a complex, costly and difficult exercise. While CPD+ does not provide a direct measure of learning outcomes, it can be argued that the implementation of the learning from the activity has been explored in terms of ethical issues and skills required to decide whether and how the learning may be applied within the professional's practice. CPD+ therefore does recognise the output from the CPD event because of its concern with implementing learning from the event.

There is documentary evidence supporting the principle that output indicators of performance are required in various fields of endeavour. In the 1990s there were many investigations about this issue in a wider range of concerns than professional practice. For example in 1997 in a national report from the Steering Committee for the Review of Commonwealth/State Service Providers (1997) on *Government Service Provision* (Volume 1), the section on Education and Training (CPD's sphere of service) stated that 'good performance measurement requires indicators for a range of both intermediate and final outcomes. These should include incremental learning outcomes and student and employer satisfaction' (1997, p. xxv). CPD+ is not focused specifically on outcomes but neatly is endorsed in the Report's inclusion of 'incremental outcome' as the learning associated with CPD+ may assist the practitioner to move towards a satisfactory decision and behaviour in implementing learning from the CPD activity.

So this proposal may be applied to MCPD associated with the new Boards. It is an opportunity to tackle an identified CPD problem but also considers issues to be explored in developing and introducing similar proposals.

On reflection, the CPD+ proposal mirrors many 'improvements' made to MCPE by the professional associations and noted in Chapter 5. In developing the CPD+ program I was constantly reminded of the association personnel seeking to solve operational problems in their MCPE. Their mode was taking simple steps to seek to solve a problem for their members and their practice. This new change however is national, will require detailed planning and management and eventually become mandatory for all professions.

The formal structure for the development of MCPD within the registration scheme offers other opportunities for the exploration, innovation and development for CPD and other aspects of professional education for the benefit of all professions.

Learning as the focus for CPD

The second proposal is also derived from this new bi-modal CPD. It may impact on the mandatory mode of CPD, but is more closely related to the broader view of CPD. This proposal is that the central focus of CPD in its widest definition is **learning** and specifically the learning of the individual practitioner, as in the proposed new picture of CPD.

Briefly the proposal is that the creation through the national registration system for health professionals of two types of CPD allows attention to be given specifically to practitioners' learning outside requirements for their registration and therefore permits a focus on that learning as the foundation for CPD, beyond the confines of MCPD.

There is justification for this proposal in the acceptance of the term CPD rather than CPE. The latter was used, as noted in Chapter 1, because CPE as 'provided education' was emphasised in the field's early development. The fact that CPD was adopted in the national scheme indicates an emphasis beyond 'education' towards 'development', interpreted as the overall development of the practitioner, and learning is assumed as an essential part of that development.

Also the learning implied in Scanlan's definition (1980, p. 55), where he identified the aim to 'update or expand the proficiency, knowledge, skills or attitudes necessary to effectively discharge their occupational roles', is broad and encompasses aspects of the practitioner's life and history beyond a narrow focus on the practice situation.

There is further justification for focusing on learning from CPD's tale. Its origins were identified in Chapter 2 in the four practitioners' learning from practice and the self-initiated learning, later acknowledged as 'authentic professional learning' (Webster Wright 2010). The practitioners recognised that after CPD became a normal part of their practice, this older style learning remained. However, CPE providers, and some writers in the Discipline Reviews, viewed provided education as superior to private learning. Education prevailed but in the current decade learning has resurged in importance.

There is also contemporary support for emphasising learning's central role in professional education and practice. For example, there is Boud's concern that 'professional learning has been eclipsed for many years by the rise of mandatory continuing education' (2010, p. vii, Preface to Webster-Wright) and his observation that 'we are seeing an explosion of interest in the learning that takes place in adult life' (Foreword to Billett 2001, p. vi).

In addition, there is the situation, that I have observed and is supported by colleagues in the professional associations. In 2012 I was a member of an accreditation panel assessing a university's professional entry level award. In a cross-departmental, school-wide discussion during the site visit about delivering the award's academic content, the school's academic staff detailed several technological systems and procedures being used and planned for the program's delivery. After the discussion with the school's team, the accreditation panel was concerned that the team's focus had been entirely on the technology and questions focused on students as 'learners' and academics' roles in assisting that learning were avoided or misinterpreted. What the technology 'delivered' had a higher status and credibility for the team than issues of students' learning from the technologies or academics' role in that learning process.

This point demonstrates the issue raised in Chapter 10 relating the ways in which technology is used and assessed. This use of technology was presented as an independent variable. Whether or not this is further evidence of technology eclipsing the centrality of learning in the first stage of professional learning, the need for some watchdog role with regard to the status of learning in all stages of professional education would seem to be a major priority. My observation and the support of other accreditation panel members has been discussed in the profession in which the incident occurred.

Perhaps the ultimate goal for professionals from this proposal is that they become

'professional' with respect to their learning. That learning would go beyond their work-based learning and recognise other types of learning relating to different roles and locations.

The varied topics examined in the following discussion indicate the importance of recognising professional education, in its three stages, as an educational sector and the centrality of a profession's practice.

The method chosen to explore the opportunities potentially offered in this area of CPD beyond MCPD is to review areas discussed in earlier chapters. The justification for identifying and emphasising this second CPD area was established in discussing issues in contemporary practice in Chapter 8, the general picture of CPE in Chapter 11 and by the critical assessment in themes in Chapter 10. So these topics are revisited and CPD's significance re-emphasised.

Two of the change factors noted in Chapter 8 related to consumer rights and risk. These two factors appear to have been addressed in a variety of ways. Attention in the national registration scheme has been devoted to handling complaints and notifications through state 'councils' for individual health professions and the HCCC whose work was described in Chapter 8. In relation to 'risk' there are the programs now offered nationally by the Professional Services Council. In addition however there is the CPD+ contribution by which another approach is offered for dealing with the problem. There may of course be other solutions beyond the MCPD scheme focused on the practitioners' learning.

An important task for organisations and agencies associated with the professions is to explore the new landscape for Australian professions and seek out areas in which the new CPD beyond its MCPD requirements may be able to provide opportunities for new solutions.

The focus of professional registration in Australia has moved from the states/territories to the national level. What are the implications? The national perspective may place less emphasis on the special needs and features of the states and territories. Another outcome is that the international level of negotiations and contacts becomes more relevant. Chapter 8 demonstrated that the professions have important global networks. Who is going to ensure that the global dimension is appropriately acknowledged in developing national policies for the professions? What is the impact for mutual recognition and common terminologies on the profession-specific aspects of these policies?

The earlier discussion showed that there are 'learning' implications for practitioners in these policies. Who has responsibility for this opportunity?

A 'new form of compliance' that may provide a challenge to MCPD was raised in Chapter 8. Who has the power to develop relevant policy? How may it be prioritised above, below or as equal to traditional MCPD? What role may the Boards have in this issue that is related to MCPD? In addition to individual professions' concerns, is a combined response by all the professions possible? Is this an opportunity for stakeholders in CPD to open up discussions with employers to examine this, and other, issues? What are possible outcomes? This is a challenging opportunity.

Chapter 8 also discussed issues in the ideological context of practice. They include the type of society in which professional practice operates, the potential conflict between the learning agenda of the practitioner and the political and economic agenda of governments and employers (Cervero 2000) and the problematics identified by Groundwater-Smith and Mockler (2009). The questions raised include: What are the reasons for these changes? How widespread are they? What is the impact on professionals' practice and their relationships with other professionals and management? How may these changes be modified, increased or reduced? Also relevant under this heading, are the contributions of Stevenson (1995, 1996) on the importance of ongoing assessments on matters such as the defining of 'competencies' and methods used in their assessment. How may the definition of a profession's 'knowledge' have changed since the arguments in the 1990s in relation to knowledge and competencies? Who has the brief to be watchdog on the context and nature of the practice in which professionals operate? How may the professions as a whole be represented at this level? These concerns are not addressed in the new registration regime.

Having noted that these issues for professional practice are a non-allocated portfolio in the registration regime, who has the responsibility for exploring these future horizons with implications for CPD? Is there not the danger that the MCPD aspect of CPD through the Boards may become more structured and bureaucratic to the exclusion of learning outside a narrow, work-focused activity and wider questions of practice?

Issues raised in examining the changing context and nature of professional practice certainly offer opportunities for CPD-related activities. But how will this need be identified? How may these opportunities be taken up and by whom?

The examination of the themes in Chapter 10 provides many examples of opportunities that may be explored and acted upon now or in the future. This period of change is almost an 'excuse' for revisiting ideas from the past. Appropriate examples would be examining the ways to assess CPD provision in terms of general quality assurance measures and individual program evaluation. How may Australian CPD providers possibly benefit from the American experience with the CEU and their Standards? There is also the question that Ottoson raised in 2000: Is there a need for a specialised theory of evaluation for CPD? What special features of CPD may be identified in such an enquiry? What may be the benefits?

There is another potential source of exploration. Overall the structures and agencies associated with the national registration regime appear from my observations to be more closely linked to higher education than the VET sector. That position may of course change as the operations of the registration regime become clarified. Nevertheless the position needs to be monitored. Examining the situation may give rise to considerations of the degree to which CPD providers need to be aware of developments within, and their role in, VET. That point raises the issue of formal relationships with VET noted above. CPD providers may re-examine the advantages, and disadvantages, of becoming an RTO.

Then there is the unresolved problem of understanding professional practice, the *where* and *what* of their professional activity. Chapter 10 noted the results of research on generalised explanations. The stories for each profession are also important. Though the latter may not tell the whole story, discovered features of practice they isolate may be shared and help develop the wider story. Competencies did assist professions in the 1990s to understand their profession. What are the next steps in exploring professional practice and who will be the explorers?

If the practitioner's learning is to be at the centre of CPD, then its providers should be examining their use of educational technologies in their programs, as noted in Chapter 10. In taking a 'long term educational perspective', questions may be raised with reference to experiences with earlier technologies. Also basic information is required on how prospective CPD participants actually use the 'new' technologies that may be adopted in their CPD delivery. That question could be beneficially examined as a first step.

The discussion returns to 'learning', the practitioners' learning, promoted in this section as

the foundation of CPD, and a fundamental consideration for practitioners, CPD providers and CPD policy makers. Is being the experts in the knowledge of the learning of the varied practitioners in a profession a possible role for its professional association? Why not? An associated concern is the assessment of practitioner learning. Fenwick's study focused on the theoretical basis for, and potential methods to use in, this assessment. Dealing with assessment in individual professions provides the opportunity for the special features of a profession's practice to be acknowledged in the learning assessment process. A significant outcome of the increase in the understanding and appreciation of their learning by practitioners may be a step in enhancing progress towards effective assessment of their learning in practice and beyond.

There is also the question of assessing CPD that has been hotly debated since its inception. The chosen methods have focused on 'in puts'. CPD+ takes one step towards measuring CPD learning by means of outcomes. In his 2012 book, Friedman has revived the discussion of inputs and outputs (2012, pp. 130-159). He discusses the two concepts but also introduces the concept of Professional Development Value (PDV) (2012, pp 17-19). His concept of PDV casts the net broadly because he perceives that the value of CPD should be explored in relation to clients, employers, the profession, and society as well as the practitioner. He proposes ways in which this procedure may be used. What is very important is that in his view of CPD in relation to this assessment of value he includes what he calls the informal aspects of CPD, and therefore the learning from practice and self-initiated learning of the four retired practitioners. Therefore, the assessment would embrace the bi-modal aspects of CPD as established in Australia. This task of identifying the positive outcomes of CPD for the groups noted above is for Friedman 'the Holy Grail of CPD analysis' (2012, p. 185). Who will accept the opportunity to explore this process? Perhaps the ongoing credibility of CPD, especially as it is used more widely to cover new areas, may depend on the development of effective measures of assessing CPD's learning outcomes.

There are specific areas of practitioners' learning requiring attention. There are the changing learning styles of those who proceed along the path from novice to expert, as the Accredited Practising Dietitian moves towards becoming an Advanced APD. How valuable for a profession to explore those changes from the general paths to the individualised trajectories that individual members follow in this development. Also, researching the learning of those in specialisations and designations may produce for a profession an understanding of how to better service their members, eg. novices who have experienced a WIL program in their first

degree or NOOSR entrants. Nelson's 1988 dream of practitioners' CPD learning as being a pleasant experience may be partly achieved (Nelson 1988, p. 101).

The topics and projects noted in these paragraphs are not offered as an agenda for the next decade. However, they are presented as possible activities that appear to have been created or encouraged by the recent national professional registration scheme and associated changes and may be taken as opportunities for CPD stakeholders particularly in relation to the second proposal and CPD beyond the MCPD confines.

Two points emerge from the list of opportunities. They require some initiative from stakeholders in CPD. Secondly, asking questions and raising issues may involve more than one institution or organisation. The possibilities of collegial activity become a potential outcome of accepting these opportunities, eg between the new agencies created, employers, universities and professional associations.

On reflection, I was pleased but also surprised that I had identified the creation of bi-modal CPD as part of the registration regime. I wondered why the concept had not been noted by others.

Looking at the two proposals based on bi-modal CPD, the second proposal complements the first. The first is a pre-operational design activity with a specific goal. The second is open ended with no promise of pre-determined success.

Both proposals offer opportunities to seek to benefit from the new landscape of the national registration scheme. One is associated with the MCPD mode in the national scheme while the other is more related to the foundation of CPD, learning, in various modes in different situations. Together they represent a two pronged attempt to strengthen and broaden CPD in the long and short term.

This second proposal is less specific than the first and cannot be described as a series of steps. In the uncharted area outside MCPD, there is a great deal of learning taking place but is it recognised as potentially contributing to both modes of CPD?

The first proposal will involve formal discussions within the Boards and other CPD stakeholders and feature policy development within the regulatory structure established in

2010. Many agencies will have a special interest in the introduction of CPD+.

Having identified the two proposals and associate activities, who will accept the role of dealing with these opportunities?

The role of CPD stakeholders with these opportunities

Three points need to be made in introducing this topic of the CPD stakeholders and these new opportunities. The first is that there have been changes in the national government's attitude towards CPD. Its position has moved from the "did not want to become involved" stance of the 1980s and 1990s to a national registration scheme and the end of the state-based Foveaux system. It has become a major stakeholder. Secondly, CPD's stakeholder organisations have also changed since the years when their relationship to CPE was noted in Chapter 4. The third point is that the nature and context of the world in which the new CPD operates and the nature of the practice it is expected to service are dramatically different from earlier periods and Chapters 4 to 11 have illustrated that path of change.

Who are CPD's stakeholders? Beyond the national government role already examined, the stakeholders include employers, trade unions, CPD providers, universities and other individual organisations.

Tables 1 and 2 in Chapter 1 indicate that professionals represent 1 in 6 of the national workforce and that 90% of professionals are employees. Therefore employers are potentially important CPD stakeholders. There was limited response to the view in the Discipline Reviews (See Chapter 3) of employer support for CPE and the Training Guarantee (See Chapter 6) did not stimulate employer interest in their professional employees' 'training'. However, recently the increase in what was identified as a 'new type of compliance' (See Chapter 8) is evidence of some recognition of professionals' workplace learning. Also relevant is that Gott argued for a focus on 'employer-led CPD research' (Gott 2012), while Boud and Hager (2011, p. 27) have called for dialogue between professional associations and employers to explore the implications of cross-disciplinary practice and other changes in practice. Having employers associated with CPD research and discussing implications for practice is a novel experience and a new relationship. Employers could possibly become involved in exploring these new opportunities. Meanwhile another stakeholder in professional employees' CPD, the trade unions, appears to have forgotten their professional members' training, except perhaps in education and health.

Universities have had a fluctuating role with regard to CPD. There was the 1% issue and the 'uncomfortable fit' of CPE within university administrative requirements. While universities' CPD provision may be problematic, the link with the first stage of professional education remains strong. Some universities identify their role with professions by having 'Faculties' of the professions, but their approach to professional education is generally not integrated. The University of Adelaide for example has a Faculty of the Professions, including architecture, business, economics, education and law but retains separate Faculties for engineering and health sciences (University of Adelaide 2012).

The fact that universities have generally conducted professional education and CPD with individual professions may have resulted in the lack of an overall policy. Therefore universities' dealings with the new CPD may involve a wide range of individual consultations.

Further these consultations would be conducted while the universities are dealing with an increasing range of externally imposed regulations, particularly from the national government. A colleague from a Sydney university suggested to me that universities currently are so focused on national and global competition, their financial situation and maintaining constant attention to the range of 'national level agencies' concerned with their standards and operations that seeking to address the individual, profession-specific issues related to professional education and CPD is not high on their agendas.

Regarding one aspect of the relationship between universities and the professions, I am aware, because of my role with a professional association's accreditation council, that universities are having problems dealing with accreditation agencies because of policies and practices developed by Commonwealth Government agencies, such as Health Workforce Australia (HWA). This is a COAG initiated agency, designed to provide nationally a flexible and innovative health workforce (hwa.gov.au/about). What is the impact on accreditation policies if there are changing requirements by the HWA on the length, nature and location of periods of 'student placements' within undergraduate degrees? These problems are creating confusion and uncertainty for the universities.

The attention of universities may be drawn to issues other than CPD and these may have a higher priority.

In discussing competencies (Chapter 6), risk and ethics (Chapter 8), the Australian Council of Professions (ACP), now Professions Australia (PA), was mentioned. This organisation never represented the majority of professions but contributed to discussions of CPD related issues. However its voice was usually resistant to change, as indicated in the examples above. In 2013 however any agency representing the professions adopting a defensive approach is unlikely to be greeted with enthusiasm. In relation to CPD and professional education, there has been, and remains, the need for an agency representing all professions that is able to support the professions on major proposals and issues. Such an agency may also be able to represent the professions and professional education (and CPD) in establishing an ongoing relationship with VET, a need noted above.

The evidence of this section is that there is no groundswell of enthusiasm among its stakeholders prepared to support and develop the new CPD.

The professional associations and these opportunities

The stakeholder not mentioned to this point in discussing CPD stakeholders and the new opportunities is the professional association. Perhaps the major question in this discussion is: To what extent will the professional associations, individually and as a group, accept the challenge and embrace these opportunities?

However, the point must be made that there are in this discussion two types of associations, the minority health-related associations already linked to a national registration scheme and those who perceive possible futures in which they are likely to be involved with similar schemes. Their type of association may influence strongly decisions in relation to these opportunities and the timing of any action.

It is difficult to answer the 'major question' posed above. That difficulty is increased because at this time some professional associations face a serious situation. The associations were responsible for organising the supplementary activities that became CPE. They then developed MCPE, accepted competencies within professional education and introduced Special Designations and Specialisations. Then with the passing of national legislation, the associations' MCPE operating system became part of the national registration scheme, managed by National Boards. The takeover by the national government was a *fait accompli* achieved without a shot being fired in anger.

The associations lost the management of their MCPE.

This is the Australian situation. Friedman has observed that in the UK currently there is 'growing separation between the professional associations and regulatory bodies' (2012, p. 129). These Australian events should be considered within an international context.

Some health-related associations observed a Board writing the Six Standards for their profession. These Standards however do not acknowledge any relationship with the relevant professional association. As a result, these associations need to establish relationships with their new Boards and clarify their position on various matters covered in the Standards, especially CPD.

In reconsidering past policies and practices in contrast with the present, the traditional term 'standards' may be raised. In professions that held strongly to their association's role in preserving the professions' status and position, their Standards of Practice and/or Code of Ethics were major documents and respected by members and clients. Perhaps reflection at this time on the old Standards may lead to some action by the professions. Do the associations currently have any role in setting standards for their members' professional performance, or for those in specialisations or special designations? On the other hand, in response to the contemporary situation, there is the potential for associations to contribute in the development of the standards being established by various authorities, as the associations present their profession-specific knowledge and experience, and especially that related to their practitioner-members' learning. This sort of opportunity is being offered through the work of agencies such as TEQSA and AQF, referred to in Chapter 9.

In the regulated professions the association has to deal with a single Board because the scheme deals with professions individually, similar to the earlier system. However in the new scheme for more than one profession, each professional association may need to consider collaborative relationships with other organisations, including other professional associations, representing practitioners in similar professions. The allied health professions have established the Allied Health Professions Association (AHPA). In Chapter 9 reference was made to groups 'watching' the registration regime and making comments and submissions, eg LRSG, with support from several professions and some major firms and NASRHP of eight professional associations.

The professional associations have to re-discover their role in CPD, and develop new relationships with other CPD stakeholders and related organisations. From the discussion above, professional associations' relationship with universities may need to be re-assessed. There is also the possibility, flagged above, of professional association links with employers. Trade unions could possibly be added to the list. Then there are the many agencies, particularly at the national level, concerned with the regulation of education, training, learning, manpower, risk and a range of other factors. In the new circumstances, the associations may have to reconsider their traditional approach of acting independently and individually. Collaboration may be required with them working together with other professional associations in dealing with, for example, a national government agency or in responding to a group of trade unions or a committee representing a particular industry. In defining their new role, it will be important for the professional associations to ensure that positive relationships between CPD stakeholders and other bodies are established for the ongoing development of CPD and professional education.

In my discussions of the impact of the takeover of control of CPD by the Boards, one reaction suggested to me was that the professional associations may perceive this situation as a 'solution', the end of their ongoing responsibility for MCPD. That perception is of course in the direct contrast to my response suggesting that the changed situation offers new opportunities for the associations.

Several reasons are offered to support the suggestion that the associations may accept these opportunities, particularly from the second proposal. While some associations may regard their loss of authority over CPD negatively, that loss may be interpreted by others as an incentive to accept other challenges such as becoming 'the go-to experts' on their profession's learning and practice or seeking to discover how their members use social media. For others, a particular opportunity may be of special relevance to a profession at this time, eg. how the learning of their members with Special Designations differs from that of their novices. Another reason for them seeking these opportunities may be their association's long, and successful, experience with CPE. Researching their own CPD's history may provide incentives to continue to provide CPD. Also, their members' long term and strong attachment to their association's CPD may result in their seeking to take steps to support initiatives such as the implementation issue covered by the CPD+ proposal. Association personnel have also argued that their association will not want to 'miss out' on opportunities that other associations may well accept.

For a variety of reasons, it may be assumed that the professional associations will grasp opportunities provided by current circumstances. Time will judge whether this assumption was accurate.

Yesterday, to-day and tomorrow

This thesis has focused on the past, the present and the future. There has been the history of CPE, the contemporary challenge of the national registration scheme and questions about possible futures.

Being the first to tell the story of CPE's origin and development in Australia has been a challenge. I was a participant in that development but I am not an historian. As I discovered the stories of the individual professions, they reflected their own special characteristics but there were also common features. As a result, the generalised tale developed from the many individual stories was the method chosen to record this history. The origins were traced, early developments and relationships noted. Three policy areas were identified to structure the recording of the field's development. Added was a description of the changing context in which CPE operated and finally other features of the field not covered in the three policy areas. The story concluded with the setting up of a national registration for select health professions established in 2010.

Research on CPE's origins and early development revealed that there were many missed opportunities for this field to be recognised and appreciated as a new sector of provision. Further research on CPE's development into the 1990s and beyond added incidents of more missed opportunities. As a result, 'missed opportunities' became a major theme for the thesis.

In researching this thesis, I made contact again with many practitioners and professional association staff. As a result, I believe that some may have been persuaded that researching and writing their association's CPD story, particularly using interviews with older members, may be a worthwhile exercise. My additional hope is that professions will check the story of their profession's CPD against the tale presented in this thesis. Recording the tale may assist further research on features of a profession's development and provide information to assist future policies and practices.

The 2010 national registration became the final event of the historical tale and represented

the current situation, but also a challenge for the future. This scheme covered only selected health professions but was an indication of future directions for the professions. The introduction of the new national registration scheme is recognised as the beginning of a new era and a turning point for the professions and CPD. National registration had an immediate impact with its new title of CPD for CPE. The scheme also appeared to offer opportunities for the professions and stakeholders in CPD. Continuing a line evident in CPE's tale, this registration scheme appeared as an opportunity for the development of, and innovation in, CPD. In addition, CPD may also be used to address on-going problems from CPE's story. To facilitate CPD's contribution to professional education, the field is defined as having two modes, mandatory CPD and CPD beyond the limits of this mandatory operation. Two proposals, one related to each CPD mode, were offered as examples of ways in which CPD may develop in the new regime.

Having observed CPE's development, one point that becomes evident is that the opportunities created for CPD by this national scheme cannot be allowed to join the list of 'missed opportunities' that were a significant part of CPE's story. The organisation likely to be most important for a positive solution to this situation will be the professional association.

Professional associations were vital in the story of CPE's development. The national registration scheme has diminished their role in CPD. They have the possibility of regaining their status within CPD and professional education if they accept the opportunities that the new registration scheme and the new bi-modal CPD have created.

The organisation that gave CPE its distinctive management and provision was the professional association. The future for professional associations in further developing CPD will be very different from their traditional, historic role. My argument is, in line with the title of the thesis, that the future of CPD in Australia will be determined by the degree to which the professional associations are willing and able to grasp the opportunities that the new registration regime offers. If past trends continue, then there will be individual, profession-specific responses to the opportunities offered. That may not be effective in the current situation. The question remains whether a general overall, ie cross-professional, response may eventuate, with the associations collaborating and finding a common voice. The associations need to learn to work together rather than separately focused solely on their own profession. Collaboration will be necessary to deal effectively with some opportunities.

Their members work for employers and in teams containing other professionals and other levels of occupations, joint action with employers, trade unions, other occupational groups and other professional associations may be necessary.

The first issue for the professional associations to address is their loss of the control of MCPD. The immediate and short term reaction to this loss will probably influence their later decisions. To what degree will they accept the loss as a 'fait accompli' and move on? They may seek some sort of positive relationship with the new Boards, perhaps as a link between the Board and practitioners, or as an alternative representative of practitioners. They may examine how other CPD stakeholders react. It is not proposed to explore how individual associations may respond. Rather the process will be to identify opportunities that associations may perceive as open to them and with possible action to follow.

In the current situation in Australia, the professional associations face many opportunities to serve the development of CPD. In view of their history and past achievements, my opinion is that they will accept these opportunities. In those circumstances, a 'once in a lifetime' opportunity will not have been missed.

Many association staff and practitioners asked if there was another national survey (to follow those of Chapters 4 & 6). There was agreement that such a survey at this time on CPD may reveal useful data. However, it was generally agreed that that was a task for another researcher. A survey on where CPD stands at the moment, from the perspective of the professional associations, may however be, like recording the story of individual professions' CPD, a follow-up activity to this thesis, and an opportunity for someone.

In relating the tale of CPD in Australia's many professions, events have revealed that CPD became established and central to the third stage of professional education. But it has never been given appropriate recognition, being considered as the business of individual professions rather than a coherent field of education and training. It was never really accepted as part of adult or continuing education and has never fitted comfortably within, or been accepted as, VET. There have been significant developments in CPD mainly from the initiative of the professional associations who have driven the sector and made CPD a feature of their operations. But CPD's emergence and growth have been littered with opportunities for acceptance, improvement, support and government involvement but for a variety of reasons these opportunities have been 'missed'.

The terminal point of this study, the policy of the Commonwealth Government for national registration for select health-related professions, offers another opportunity for CPD and two ways have been proposed for grasping this opportunity, by a focus on practitioners' learning in and beyond bi-modal CPD and through CPD+ and its implementation in the regulatory MCPD schemes. There is an opportunity also for the professional associations to reclaim their central role in what is now CPD by acting as a major CPD provider and servicing both of these functions.

In addition to the responses of individual professions to the opportunities offered by the new registration scheme, the story of CPD's emergence demonstrates that the new CPD must be considered as a cross-professional process, as stressed in this thesis, and not one primarily associated with individual professions. Also vital for CPD's continuing success is the requirement that it be accepted as part of a second cross-professional concept, professional education. May Knox's 'continuum' become accepted with CPD integral to professional education.

Beyond these proposals there are many possibilities for the new registration regime, especially as it moves into other professional groups. Two reasons are offered to justify a positive attitude to the potential success of these explorations and changes. The first reason is that this work is all in 'new territory'. Australia has no experience of a nationally regulated professional system dealing with the professions and their practices. Secondly, this COAG initiative has operated under different national governments of different persuasions and with similarly changing state/territory governments without raising issues over which there has been heated political debate. This development is broadly accepted politically.

Optomistically, the next chapter in the Australian CPD tale will feature opportunities **taken** rather than **missed**.

As someone who has been immersed with the professions in their CPE for almost 30 years, I have several hopeful outcomes of this research and thesis. I would like to see recognition of CPD by governments, universities, educational departments and the field of vocational training as a legitimate stand-alone provider of educational training. But what is this CPD? The bi-modal format is suggested. Further CPD is acknowledged as a cross-professional field of provision, based on all, not individual, professions. In addition, CPD is to be accepted as an integral part of professional education, with a major emphasis on the third stage but contributing also to the other stages.

My personal hope is that the recording of the tale of CPE and the identification of the bi-modal structure of CPD and CPD+ may have provided useful insights and contributed a reasonable foundation for the further development and research of CPD in Australia and globally.

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Research Papers produced by the National Office of Overseas Skills Recognition (NOOSR)

Reference from Chapter 6 & 7 on Competencies

The publications included:

- Gonczi, A., Hager, P. & Oliver, L. (1990). *Establishing competency-based standards in the professions*. Research Paper 1.
- Masters, G. N. & McCurry D. (1990). *Competency-based assessment in the professions*. Research Paper 2.
- Butler, J. (1990). *The identification & assessment of competencies. The nursing project & its implications*. Research Paper 4.
- Ash, S., Gonczi, A. & Hager, P. (1992). *Combining research methodologies to develop competency-based standards for dietitians. A case study for the professions*. Research Paper 6.
- Heywood, P. with Gonczi, A. & Hager, P. (1992). *A guide to the development of competency-based standards for the professions*. Research Paper 7.
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- Research Papers 3 and 5 were not concerned with competencies and the professions.

Appendix 1
Writer's contacts with the field of CPE
and especially the professional associations

This Appendix is designed to demonstrate my long and varied contacts with professional associations, primarily in Australia. The contacts were generally staff of the associations but also practitioner members elected to positions such as President of the association or Chair of a committee, eg the CPE Committee.

The details of these contacts are sourced from my own records, from correspondence and emails, my diaries and notes and reports on visits and meetings.

There are four types of contacts noted. The first reports a series of meetings arranged as part of a promotion for an ACER volume I edited, the second type of contact focuses on conferences and the third records specific individual association contacts, frequently at the offices of the professional association. In the first two types, the professions represented are noted, not the individuals concerned, while in the third names, positions of the professional association persons and the topic are noted. The fourth type of contact relates to supervising and examining theses on CPE or CPE-related. They are focused generally on a single profession and its practice, and in most cases involved some form of direct or indirect contact with the relevant professional association.

First type of contact

A series of Capital City meetings in 1990 associated with ACER publication

Date	City	Present	Associations represented	Follow-up contacts
4 June	Brisbane	19	16	6
12 July	Canberra	13	11	8
28 September	Adelaide	14	12	1
3 October	Perth	13	12	4
17 October	Sydney	14	11	10
29 November	Melbourne	14	10	11

Second type of contact

Professions represented at Conferences

CPE Conferences, initially conducted by UNE, later linked to Charles Sturt University

Year	Location	Professions represented by speakers and participants
1987	Armidale	pharmacy, accounting, law, librarianship, engineering

1991	Coffs Harbour	chemical/biochemical, speech & hearing, agricultural science, cartography, librarians, natural therapists, physiotherapists, school teachers, chiropractors, surveyors, law, architects, valuers, nursing, pathologists
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1992	Coffs Harbour	architecture, early childhood educators, nursing, physiotherapy, valuers, surveyors
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1993	Coffs Harbour	nursing, managers, speech pathologists, agriculturalists, tenancy mediators, teachers
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1994	Coffs Harbour	teachers, tax professionals, mediators, accounting, medical practitioners, mental health practitioners, speech pathologists, valuers
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1995	Coffs Harbour	early childhood educators, nursing, pharmacists,
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health managers, school teachers

1996 Coffs Harbour ambulance officers, emergency service personnel, Aboriginal mental health workers, police, teachers, local government officers, indigenous language teachers

1997 Coffs Harbour pharmacists, police, occupational therapists, paramedics, teachers

1998 Coffs Harbour pharmacists, police, public sector, accountants, architects, nurses, tax professionals

1999 not held papers in the publication from occupational therapy, pharmacy, accounting, employment services, librarianship, pathology, design

2003 Canberra social work, public service, managers, teachers, accounting, police, indigenous health workers

2004 Canberra tour guides, tertiary teachers, design, environmental professionals, nurses, legal, police

2006 Auckland police chaplains, school teachers, accounting, police, medical, managers, architects, human relations personnel, librarians

International CPE Conference organised by the University of Auckland. Auckland 1990.

valuers, social workers, architects, general medical practitioners, engineers, dentists, law, occupational therapy, allied health, real estate, architects, psychiatry, nursing, school teaching, optometry

In 1990 I was invited to deliver a paper on CPE at the 'Australian Education & Training in Perspective' Conference, organised by NBEET and held at Coffs Harbour, November.

I was invited to two national conferences to deliver a paper on CPE: 1993 for the Australian Physiotherapy Association in Melbourne and 1997 for the Australian Association of Social Workers in Canberra.

In November 1992, I was invited by the South Australian Postgraduate Medical Education Association (SAPMEA) to deliver the Copleston Oration. The title of the Oration was 'How healthy is medical education?'

Discussions and various activities involving professional associations and their representatives focused on the instrument I developed, *REFPRO*. For example there were 8 persons from 6 professional associations at a workshop held before the 1997 UNE CPE Conference. Activities were also carried out with school teachers (in Queensland), New Zealand architects, adult educators, workers in adult literacy in Canada and New Zealand, audiologists, nurses and members of adult education Boards.

Because of my UNE experience in the distance education, I was invited to write two modules: *Adult learning and continuing professional education*, for the Diploma of Education (Training & Development), UNE – Northern

Rivers, pp. 94 and *The professions in Australia*, for Engineering Education Australia designed for beginning engineers, pp. 56.

Third type of contact

The major form of contact however over the period from the mid 1980s to 2012 has been with staff of the associations or practitioner members of Boards and Committees. In the majority of instances these meetings occurred in the offices of the association. I realised early in my CPE research that academics did not visit the HQs of the associations. I was frequently warmly greeted and the comment made that 'university people do not often visit us but we have to go and see them on their campus!'

From scattered diary records and notes on off-campus visits plus copies of some correspondence, the following list .. known to be incomplete .. has been developed. Generally, the association name, persons involved, theme and date are noted. The names of many of these associations have changed over 30 years. Over 30 individual associations are mentioned in the list.

Regarding medical practitioners and the Royal Australian College of **General Practitioners**, discussions in Sydney with Dr Jack Marshall were held regarding the use of computer-based materials for CME in 1989, then contacts with South Australian GPs through SAPMEA in 1992, followed by discussion with Dr Barbara Booth of the RACGP regarding the changing policies and practices for CME in Sydney in 1995 and ongoing local contact with Dr Brian Connor in Armidale.

Contacts with other medical associations included the College of **Surgeons**, E. Durham Smith, and **Pathologists**, Stephen Weinstein.

For the Australian Association of **Social Workers**, discussion with CEO Ian Rentsch in Canberra and Barbara Meddin, regarding changing AASW CPE policy, 1996, then with the conduct of the CPE Audit, 1998. On-going discussion and reporting on the Audit with various AASW staff to 2006, eg Education Officer Mark Crossley. Also discussions over that period about their special designation and ethics.

Australian Institute of Agricultural Science & Technology (**Agriculturists**), discussions with CEOs Simon Field regarding competencies around 1993, on the development of a special designation with Edward Hayes 1997 and the change of the designation with D. Melham 2009. These contacts resulted in a paper *Agriculturists as professionals*, *Agricultural science* 7(3): 31-34.

Royal College of **Nursing** Australia, initial contacts although nurses were not officially 'professionals' but were involved with RCNA staff on competency development - in 1993 with Julie Spencer and Pat Mascord in 1998 later on issues related to ethics and the RCNA's publications for nurses and in 2004 with Denise Ryan on CPE for nurses dealing with aged clients. Australian Computer Society (**IT professionals**), discussions with the CEO of the time Arthur Dyster focused on the initial entry level degree for IT professionals and then on CPE in the early 90s. The acceptance of competencies was a key issue in discussions with Simon Kwan in the later 90s. In 2008 and 9, discussion with David Linley over his concerns with research on CPE and maintaining standards.

IEAust became **Engineers** Australia. Initial contact related to CPE and the association's policy. Cyril Streatfield was the contact person, in the late 1980s and into the 90s. CPE remained a theme but competencies became significant with other international issues such as overseas

recognition through Michael Bevan.

There has been ongoing contact with the **Occupational Therapists**, now OT Australia, initially with Gwen Maple in the early 90s, then with Presidents Jenny Pascoe and Rebecca Allen. Contact with the smaller associations representing allied health professions was important to note their reactions to changes in policy and professional practice. Contact was made with practitioners concerned with CPE and Neil Roberts of the **Dietitians** Association of Australia and this resulted in my becoming initially a member of the association's Council on Dietetic Skills Recognition (1999) and later the Australian Dietetics Council (ADC) of which I remain a member.

Both the **Pharmaceutical** Society of Australia and the Australian College of Pharmacy Practice have been significant professional contact groups. As Dean of the latter group Dr Ross Holland has been a very informed source of international as well as Australian developments. Bill Kelly and Jenny Gowan, PSA staff, have provided useful information on the special features of their profession, especially in the 90s. Dorothy Lucardie has become a key contact as the PSA deals with the new registration regime. Contact with the Australian **Physiotherapy** Association was important because that profession's approach differed from others. Maureen Webb was a long term APA contact. I had close links with APA about policy for CPE participation and the development of their competencies and then their 'late' decision on MCPE. CEO Kate Redwood was a contact. Contact with the **Sonographer/sonologist** professions was enhanced when I became MEd Supervisor of ASUM staff member, Keith Henderson. The Australian Library & Information Association (**Librarians**) has had an important role in the CPE story. The early contact was Sue Phillips then Margaret Murphy and Jenny Nicholson and more recently, Sue Hutley. Dealing with the **Law** professions in relation to issues such as CPE is a problem with the historical link with separate state jurisdictions. The Law Society of NSW was a representative contact through officials Mark Richardson and Donna Bain. John Nelson and Christopher Roper from the Centre for Legal Education provided helpful information for the early years. Useful contact was made with the Victorian Leo Cussen Society. The Law Council of Australia has been a vital contact for the recent national developments.

As the Australian Institute of **Valuers** and Land Economists became the Australian Property Institute, contact had been maintained through NSW Director Gail Sanders until 2001 and subsequently Sally Allen at the national level.

The Australian **Veterinary** Association has been important because the practice of its members is unique. Its position and role within the animal health sector has been difficult to define and it had special problems with the Foveaux system. However, its publications have been very useful. Contacts with CEO, Phil Greenwood, around 1994 and the ACT Branch, John Davis, in 2004 on dealing with informal learning in CPE were beneficial. My link with Doug Bryden, has been very helpful.

Accounting has been represented by three associations (ASA, ICA & NIA), two of which have had name changes. The websites and promotional material of these associations has been very valuable. Gloria Blonde

at ICA was a valuable communicator. Since initial contact with Michael Farkas for the ASA, a number of CPA staff have been very responsive to requests for information. The fact that the Deputy CEO of NIA, Dennis Adams, was my PGR student was a distinct advantage. Contact with the **Architects'** association in New Zealand, Geraldine Pearce and Associate Professor John Hunt, provided an important cross Tasman perspective (1994-5), while contact was maintained at the national level with the RAIIA with Judy Vulker and locally with Harry Ellis. A relationship was developed from 2007-2009 with **Audiologists** through their magazine (and Jenny Smith) and their initial training at Melbourne University through Judy Lockie.

Initial contact was made with Macquarie University regarding the issue of non-registration for **Psychologists** in NSW but extended to the APS on that issue and broader CPE questions. Recent contact (ie 2009) has been with Neil Woodyer, responsible for APS's Professional Advisory Services. Contact with **School Psychologists** resulted in a paper School psychologists as professionals, *The Australian educational & developmental psychologist*, 7(2): 16-21.

The **Optometrist**, one of the four retired practitioners interviewed has remained a first point of call for information on his profession.

A long term discussion from 2004 to 2008 was generated with the **Public Relations** Institute and Robert Masters on the proposal by the Institute to tender out its CPD provision.

Dealing with **Podiatry** was initially a problem because of its state-based organisation, but it has developed so that it is now covered by an Australian and New Zealand body.

The **Design** Institute has been working on its CPE policy & provision and Joanne Cys has been an ongoing contact.

Through contact made with Glenyce Collins of the ATO at a UNE CPE Conference in 1993, discussions resulted in workshops held for 'professionals' in ATO in Queensland and NSW.

There were many single contacts made with professional association personnel. Three examples from 1994 are noted: with David Kerr, Chair of the Education Management Committee of the Institute of **Actuaries** of Australia, Colin Fuller, CEO Institution of **Surveyors** and Mrs J.M. Webber CEO of the Australian Institute of **Mining and Metallurgy**.

There was limited contact with trade unions in relation to their professional members, though there were discussions with APESMA on its CPE provision and with Sharon Burrow (1998) of the national teachers' union on CPE for **Teachers** in the 90s in comparison with the system under the 1970s Karmel arrangement.

My membership of three 'professional associations' has also provided a perspective on their changing roles. As a **School Teacher** in 1963 I became a member of the Australian College of Education (ACE)

(later Educators). ACE was really focused on school teachers and their trainers and managers, while areas such as pre-school or adult education were under-represented. I retired in 2010. As an **Adult Educator** from 1973 to the present, I have been heavily involved with the Australian Association of Adult Education (now Adult Learning Australia) on the Board, as President and journal editor. I joined **Museums** Australia in 1994. In this group I am a 'volunteer' as opposed to the paid professionals, but participate in a 'special interest group' where the differently structured workforce is evident.

Fourth type of contact

CPE theses I supervised

- Boddy, G.A. 2000. University academics' perceptions of the impact of new technologies on their teaching roles. Unpublished MEd(Hons) Thesis, University of New England, Armidale.
- Dayawansa. W.M.K. 1997. Strengthening evaluation in the Sri Lankan technology transfer system in agricultural extension. Unpublished MEd(Hons) Thesis, University of New England, Armidale.
- Henderson, K. MEd. 2000. How the professional practices of Australian sonologists and sonographers are affected by their formal and informal learning experiences. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Huntley, B. 1992. The recruitment and retention of health professionals in rural and remote areas. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Langusch, P. 1993. Management education for engineers. Unpublished MEdAdmin dissertation, University of New England, Armidale.
- Rae, J. 1998. Adult learning in the genetic counselling interview. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Redpath, K. 1994. The practice-based learning of practising accountants. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Rowden, M. 2002. Towards the development of a learning style inventory instrument for adult Australian defence corps personnel. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Rungsaytorn, S. 1995. Training educators for a national education program – Environmental protection in Thailand. Unpublished PhD thesis. University of New England, Armidale.
- Rushby, M.G. 1993. The role of the professional association in the continuing professional development of school teachers. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Scott, C.A. 1992. Implementing cultural democracy: The training of cultural workers in community arts. Unpublished MEd(Hons) thesis. University of New England, Armidale.
- Smith, A. 1998. Sustainable inter-organisational collaboration in educational program planning and development. Unpublished PhD thesis. University of New England, Armidale.

CPE-related theses I examined

- Blonde, G.T. 2005. Macquarie University DBA. Continuing Professional Education: Opportunities for improving learning & practice. A study of Chartered Accountants in Australia.
- Crebert, C. G. 1996. University of Queensland. MEd. Into the breach: New law graduates confront the world of practice.
- George V. G. 1994. UNE M.Ed.Admin. - dissertation - A Proposal for the introduction of an effective school-based professional development program incorporating adult learning principles.
- Navakul, S. 2003. Charles Sturt University. EdD. Integrated curriculum in military education in Australia and Thailand.
- Raciti, S. 1994. UNE M.Ed.Admin - dissertation. Perceptions of present and future guidance officer roles held by guidance officers, parents, principals, and co-ordinators of school support centres.
- Roebuck R. 1995. Griffith University. BEd(Hons). Deterrents to participation in adult education by Queensland Corrective Service Commission custodial correctional officers.
- Tien, N. X. 1997. UNE M.Ed.Admin(Hons). An investigation of the preparation of adult educators in Australia and its possible application for the adult education system of Vietnam.
- Tringin, P. 1992. UNE M.Ed.Admin. - dissertation. Staff development in the agricultural colleges in Papua New Guinea.
- Ware, R. 1993. UNE M.Ed.Admin - dissertation. Professional development and adult education in an independent christian school.
- Yielder, J. 1997. University of Auckland. MEd in Ad & Higher Ed. - thesis. Transition and beyond: Continuing professional education in Medical Imaging.

Appendix 2: The debate: Mandatory versus Voluntary CPE

Barrie Brennan

The decision-making by professional associations on the level of participation by practitioners in CPE resulted in the first major controversy in the emergence of CPE in Australia. The controversy in Australia was part of a wider international activity, particularly in the United States of America. Kreitlow's North American volume on 'controversies in adult education' included an examination of MCPE. In his Preface, Kreitlow (1981, xv) claimed 'possibly no other topic in this book is of more immediate practical concern to all professionals' than MCPE. This was a significant claim in a volume whose content questioned the purpose of adult education, the role of governments, funding and the use of behavioural objectives.

Following are the arguments on the two options regarding practitioners' CPE participation, voluntary and mandatory. Discussing these options is usually structured in terms of a debate, ie for and against. What is believed to have been one of the few live 'cross-professions' debates in Australia on these options was held at a UNE organised CPE conference, held in Armidale in 1987. A forum featuring Ohliger (1987), Nelson (1987) and Farkas (1987) explored the general principles while others examined the specific cases of accountants and solicitors (Dymock 1987, 13-35). Kreitlow's volume (1981) used the combative approach. In Australia, D. Pennington (1980) provided a list of 12 arguments supporting MCPE and 17 arguments opposing the policy. The material from that period and the debate approach were used in a number of the writer's papers on the controversy in the early 1990s (Brennan 1991, 1991a and 1993a).

The argument about the options is presented for two reasons. The first is to provide background to the decisions being made in the professional associations about practitioners' CPE participation. Yes the associations, not university faculty meetings or the offices of educational bureaucrats. The second reason is that arguments raised in the 1980s about the claims MCPE was originally believed to achieve have never been thoroughly assessed and additional functions have been added to MCPE's areas of responsibility, also without being justified.

The debate format is appropriate because there were really only two choices. The writer did suggest the option of adopting MCPE for a specified, limited time, but that option was not accepted by any profession (Brennan 1991, 111). The discussion will focus on key questions about the implications of the choice of each option in matters associated with the professions, their members' practice and learning. From another perspective the examination explores the degree to which the options focused on education or management.

Before examining the controversy in Australia, the situation with regard to MCPE in the USA is noted. MCPE had been adopted in many states associated with the re-licensing of professionals to continue to practise. Phillips in a series of newsletters, eg *1991 Mandatory continuing education debate*, Fall 1991, reported on the development of MCPE and its application by state legislatures to an increasing number of professions.

There were two important differences between Australia and the USA in relation to MCPE. The first was 'timing'. MCPE was implemented in the USA starting in the 70s whereas in Australia the first MCPE program commenced in 1985. The second difference was that in

the USA the state legislated to enforce the mandatory option whereas in Australia individual professional associations instituted MCPE for their members.

The many arguments proposed for the two options varied in their content and in the level of support they received. The examination of the veracity of the arguments is not the prime objective of the following discussion but rather to expose what the arguments revealed about the perceived nature of CPE and its potential role in professionals' practice.

The debate generated 'heat' in Australia and New Zealand, especially from those opposing MCPE. For example, Smith, who visited all Australian universities in researching continuing education (See Chapter 3), asserted that the introduction of MCPE would be 'grotesque' (Smith B. 1984, 111). MCPE was very different from the contemporary non-award, non-credit 'liberal' adult education promoted in Australia. In New Zealand, Morrison entitled his anti-MCPE paper 'Imprisoned in the CPE classroom' (1990, 119-123), a title linked to that of Illich and Verne's 1976 volume.

For those who supported voluntary CPE participation their perspective was that of CPE as 'education' and for them the key ingredient was 'learning'. They also argued that MCPE would change CPE and limit the possibilities of its development.

The thrust of the anti-MCPE arguments was two fold. On the one hand, there were arguments against the idea of requiring practitioners to learn, because it will not work and will have detrimental effects. On the other hand the point was made that the simplistic response of MCPE was not effective and that time should be taken to explore other ways to increase participation in voluntary programs, explain what practice really entails as a general construct, or to measuring competence more effectively and gaining evidence of the relationship between educational provision and competence.

Concerning the debate in Australia, Nelson (1988, 86) complained of the lack of attention to the educational aspects of the issue. However in the following global discussion an important focus was the educational dimension.

Scanlan (1985, 16) argued that differences in the role ascribed to CPE by different professions were essentially based on values. Expressed in another way: For what was CPE valued? Implied in the voluntary option was the notion that CPE was valued as a 'growth' function for individuals and the profession. In the mandatory option, CPE was valued primarily for its 'remedial' role, improving the laggards.

Those who maintained that the voluntary option should be retained perceived a more extensive future role for CPE. Houle (1983, 257-258) discussed the 'possible futures' of CPE and saw CPE being concerned with encouraging every practitioner to reach their highest level of competence, similar to Scanlan's view. The MCPE emphasis on participation in educational programs at a minimum requirement of points/hours was viewed as being detrimental to achieving Houle's higher aspirations for CPE. Thus MCPE was viewed as enforcing a limited and limiting goal on CPE.

Those who insisted on the voluntary option argued that maintaining and improving professional competence and the associated learning were ultimately the responsibility of the individual practitioner (Phillips 1987, 1; Rockhill 1981, 62). They also insisted that as adults professional practitioners cannot be forced to learn or in Thomas's words (1991, 14) 'learning cannot be coerced'.

Further, the emphasis on mandated programs stressed educational provision rather than

individual learning so that self-directed learning that had assumed significance in recent years in adult education (Smith R.M. 1982; Brookfield 1985; Candy 1991) was rejected. The self-initiated learning of the retired practitioners noted in Chapter 2 would also be rejected.

Adult education literature was used to support the view that the mandatory requirement was not valuable for learning (Rockhill 1981; Ohliger 1981; Maple 1987). The self-motivated adult knew what he or she needed to learn and these needs were likely to be based on actual professional practice. He or she was ready to learn and would learn, as Knowles would assert (1978, 1980). The value of external motivation in the form of mandated CPE was acknowledged as not being conducive to, or a sound basis for, learning. The proverb – you can lead a horse to water but you cannot make it drink – illustrated this point.

The argument regarding personal responsibility rested on the traditional view of the professional, adult education literature and claims made concerning the impact of the mandatory requirement. As Illich and Verne (1976, 14) claimed the result of adopting what they called 'permanent education' - closely related to MCPE - would "succeed in convincing men of their permanent incompetence", a complete reversal of the traditional picture of the independent, self-educating professional. To mandate CPE was viewed as being debilitating to practitioners, in contrast to Houle's and Scanlan's growth.

Another potentially negative impact of the mandatory policy may have been on practitioners' attitudes to CPE. When a base level of participation was a requirement, those already participating at a higher level may reduce their level of involvement. There was also the possibility of practitioners playing the MCPE game, spending time working how to gain their hours/points the easiest way rather than being concerned with improving competence. As Wells (quoted in Pennington, D. 1980, 46) noted for CME, 'the focus is on counting credits rather than learning'.

The assumptions on which MCPE was based and potential outcomes of implementing MCPE were also criticised.

The MCPE solution assumed that mandatory CPE would demonstrate to profession watchers that the profession was accountable and thus CPE had a role beyond the narrowly educational function. However, there was harsh criticism of this point of view. Segall described it as 'fraud' (1988, 25), while Cooper (1985, 8) called the impact of MCPE in relation to accountability as an 'expensive sham'. The point was that CPE cannot provide guarantees to the profession watchers. Rockhill (1981, 66) supported this point of view: 'An incorrect solution deters problem resolution and the public is misled into thinking that its interests are protected'. D. Pennington reached a similar conclusion in his seventeenth point against MCPE (1980, 46): 'To promote a positive, look-what-we-are-doing-to-improve-our-professional-image to the public by pointing to mandatory reporting of continuing education is to indulge in the dissembling and equivocation to be expected of politicians and advertising agencies'.

Those favouring the mandatory option did not see the 'remedial' function ascribed to MCPE as detrimental. On the contrary, the remedial function was viewed as one of the policy's greatest assets. Phillips (1987, 1) noted that as a result of MCPE 'all make an effort' and for the associations such a result would be very pleasing. Other writers noted how the policy created interest and participation from the major target group of the policy, the 'laggards' (Phillips 1987a, 60; Nelson 1993, 15 ; Cervero 1988, 73) and the 'sluggish' (Pennington, D. 1980, 44). Those identified by these terms were the incompetent and likely to be targets for negligence action by consumers. But MCPE appeared to be attractive to a wider audience. The vast majority of professional practitioners came to accept the mandatory option once it

was promulgated. In the USA, Phillips noted this reaction (1987, 1) and even Houle recorded that 83% of accountants had come to favour the policy after four years (1980, 284).

A principle at the core of the controversy was that MCPE advocates accepted that there was a causal relationship between education and competence, that MCPE improves competence and reduces incompetence. Those who argued for the voluntary option claimed that research had not revealed such a relationship (Cervero and Rottet 1984; Dowling 1985; Apps 1989). As the Australian Medical Association had asserted: "The quality of patient care cannot be assured by statutory requirements to participate in continuing medical education" (quoted in the Review of the Medical Workforce, Doherty 1988, 644). L.E. Phillips who recorded the extension of MCPE in the USA concluded that while MCPE may positively influence competence in practice, it 'generally does not' (1983, 215).

Further there was criticism of the means of assessing MCPE participation, attendance at an activity. The process was based on unsubstantiated assumptions. As Bushman (1979, 67) observed in relation to the law, 'attendance at a program is not probative evidence of incremental competence because CLE is a means to competence, not its measure.' A similar point was made by Rockhill (1981, 63) who noted that 'the test is participation – the behaviour mandated as appropriate - not how well one does or whether one's performance improves'. MCPE as a process, focusing on attendance at educational programs, lacked evidence to support using participation as the assessment measure.

The punitive aspects of MCPE were also questioned. Was the failure to attend 'x' hours of MCPE sufficient or just grounds for refusing to re-license a practitioner? What was presented was evidence of non-compliance but not necessarily any evidence of incompetence in practice (Cooper 1985, 8).

In summary, it was suggested that MCPE was a simplistic response to a complex problem. Professional practice and competence were complex (Apps 1989). Gaining information was just the first step in achieving improvement in performance (F. Pennington 1980). Attendance did not improve performance: attendance did not necessarily result in learning (Apps 1989). There was no guarantee in the desired consequence: the process was faulty. MCPE required participation as measured by attendance, not learning. Attendance may provide some positive benefit but it did not ensure learning and improvement of competence.

In addition, the shift of emphasis from the individual's voluntary to mandated learning was viewed as a change in the locus of power and control (Gross 1983; Rockhill 1981). The initiative and responsibility were lost by the individual professional. Organisations such as professional associations assumed additional power over the individual. There was the possibility that those who control MCPE within a profession may exert influence over those individuals who were seen as being aberrant. For society as a whole, MCPE perpetuated the use of education for social control rather than the maximisation of learning (Rockhill 1981, 67).

The argument was proposed that MCPE would change an important feature of CPE. Because of a guarantee of participants as a result of mandation, programs will proliferate, which may or may not be beneficial. But there may also be a parallel lack of innovation in programming and a focus on what the Discipline Review of the Law Schools called the 'popular courses' (Pearce 1987, 43). The possibility of what Cervero and Rottet (1984) recommended, namely the examination of what programs were actually effective in promoting improved performance, would be diminished in the flurry of provision associated with the mandatory option. Also, with the increase in provision by a range of institutions in

a competitive situation, institutional collaboration and research on the optimal roles for various providers, as emphasised by Cervero (1989) and Smutz et al. (1986,) was unlikely.

As an extension of the question in the previous paragraph, may not MCPE restrict research? If MCPE assumed the link between education and improved performance, then it was no longer relevant to research the issue. D. Pennington quoted Knox (1980, 46) when he argued that 'if mandatory continuing education is a token solution to the problem of substandard professional performance, it discourages the search for more effective solutions'. Other paradigms were therefore unlikely to be explored: the search for meaningful ways to describe and analyse practice and competence and incompetence would be perceived as irrelevant because MCPE proposed participation in educational programs as the solution.

What those who supported the voluntary option argued for was not the quick fix of MCPE but a slower response of further research to gain an understanding of professional practice and defining competence and incompetence as cross-professional concepts as well as for individual professions (Cervero 1988).

In rejecting the mandatory option, those in favour of the voluntary approach pointed to alternative possibilities. More extensive use could be made of other motivational factors to encourage involvement in CPE. Robertson (1984) noted three sets of potential motivations: to provide a better service to society; to increase the standing of the practitioner's profession; to increase the individual's job satisfaction and possibly economic benefit. Doherty in discussing medical education suggested that there was a need in the first stage of professional education to ensure that 'the emphasis should be changed from teaching to inquisitive learning, in order to provide a basis for a lifetime of self-directed continuing education' (1988, 205). Also, it has been suggested (Phillips 1987, 1) that other forms, such as the practice audit or peer review, were more likely to establish useful means of determining competent performance than simply recording MCPE attendance.

Other unsatisfactory outcomes of the mandatory option were noted in the areas of implementation and associated costs. Rizzuto (1982) and Maple (1987) suggested the possibilities of increased costs for practitioners' participation in MCPE. Not only would direct costs, ie for the actual programs, increase but also indirect costs from childcare and travel to the hiring of a locum and the loss of income while attending courses away from their practice. Other writers, eg Craig (1984) and Nelson (1988), identified some implementation costs linked to the MCPE policy, from recording compliance and carrying out punitive action to the possible accrediting of courses in the MCPE program.

The views on MCLE of a legal practitioner in New South Wales with thirty years' experience illustrate from a practical point of view the many and varied arguments held and defended in this controversy.

'Exposure to lectures will not guarantee acquisition of knowledge. Those of us who have reached, or are approaching, the accepted retiring age but continue to give service to our clients, from whatever motive, will not take kindly to being required to waste valuable time listening to, or sleeping through, lectures on abstruse subjects of no use in daily life, merely to fill a quota' (Primrose, quoted in Segall 1988, 25).

While the legal practitioner expressed the views of many other practitioners, the arguments from academics and educational experts were opposed to the sort of education proposed as MCPE. The concept of the adult practitioner learner was discarded. MCPE was being proposed as a quick-fix to a perceived problem but its critics suggested that other approaches and further research were necessary before decisions were made.

There was evidence that writers who generally did not favour MCPE expressed a view that it may be valuable in specific cases. There was support for the principle of a mandatory requirement for practitioners who are re-entering the profession (Maple 1987), coming into the profession from another profession or for those seeking to practise in a country but who have qualifications gained in another country. The uses of MCPE in these situations did not become common.

Those who argued for the mandatory option were generally focused on practical issues. They also made use of arguments grounded in the way the professions had developed in Australia during the 20th century and adopted a different pose when outcomes and evidence of outcomes were discussed. There was also urgency implied in their justification for the mandatory option and the desire for a prompt response.

But what were the conditions that persuaded professions to select MCPE as the best option? In the face of criticisms, real or imaginary, the professions needed to respond quickly. Governments, consumers, other occupations and pressure groups within the professions themselves had made their views widely known (Segall 1988, 22), especially about practitioners' unsatisfactory performance. CPE was a possible counter but the voluntary, laissez-faire approach had failed, as Pryor (1983) had described in the Australian accounting profession. Guided by the principles of control by the professional association (Rockhill 1981, 53) and the plan to assert self-regulation (Gross 1983, 172-198), mandatory CPE was embraced.

The stance adopted in MCPE was that it was not necessarily a panacea but the best means available to meet current problems. Other means such as peer review, re-examination or the performance audit were not as easily implemented and were also subject to criticism of their effectiveness and acceptance (Roper 1984, 76; Phillips 1987, 1; Knox & McLeish 1989, 377).

Faced with pressure on the professions and the apparent failure of voluntary participation in CPE, some professions chose the mandatory policy as what appeared as the only remaining option. The choice was for pragmatic and realistic reasons (Rockhill 1981, 60-61). The evidence from the responses of Australian professions passed on to the writer was that the professional associations were concerned to make a single, simple decision that in the short term would give the appearance that they were taking a positive, measurable response to perceived problems, knowing perhaps that their solution was not perfect but that it would produce results.

Those arguing for the mandatory option took a different position on the issue of the practitioner's individual responsibility. They suggested that when persons join a profession, they take on the responsibility to 'abide by the canons of the chosen profession' (Mattran 1981, 46). Therefore, if the profession adopted an MCPE program, then so be it for all members. However, in describing how the mandatory system should work, Mattran did also stress that MCPE requirements should not be 'arbitrarily or capriciously ordained' (1981, 47). He did not view MCPE as necessarily a violation of individual freedom.

Support for the mandatory option used as evidence the assumed relationship between participation in education and competence in the first stage of professional education. It was argued that it was accepted that if individuals successfully completed the university degree, they were able/competent to practise. Why then was there so much fuss about proving the relationship between CPE and ongoing professional competence (Brindley 1985, 92)? MCPE advocates argued that because of this latter acceptance, and because of uncertainties

with other testing methods (examinations, peer review), MCPE was a valid substitute for the assessment of performance (Apps 1989, 70).

MCPE supporters responded to the proverb concerning 'taking the horse to water' by arguing that the mandatory option would not guarantee that the horse would drink – or the professional learn. However, the professional was presented with a mandated opportunity to learn, an opportunity not evident under the voluntary system. The mandatory system at least took the professional to the educational water (Ogden quoted in Nelson 1988, 91).

Those who criticised the mandatory option may have suggested that it was just an emergency, short term measure. However, as Phillips (1987a, 57) pointed out, MCPE has not declined. While the extension of mandatory requirements may have peaked in the early 1980s in the USA, there was no rush to dismantle the MCPE scheme for those professions who had adopted the policy. He noted that states having adopted MCPE for a profession had not reverted to voluntary CPE participation (Phillips 1987a, 57).

The proponents of MCPE argued that the policy created a focus on CPE both from the profession's members and its critics. The members participated at a much higher level than was the situation under a policy of voluntary or a recommended level of participation and this fact may be demonstrated to the profession's members, those in other professions and those who are the profession's critics. In noting the impact of MCPE for the unity and general public image of the profession adopting MCPE, the point was made that there was an acceptance of a role for CPE beyond just the remedial action on the laggards.

This second order role for MCPE has been described as being 'a shield to protect the public and the profession', that is it operates in two directions (Edwards 1985, 31). Another way of describing the purpose of MCPE has been in terms of 'putting the house in order' (Nelson 1988, 85). Under the banner of self-regulation by the professional association, MCPE indicated to those who watch and perhaps criticise, that the profession through its association was addressing its problems, such as incompetent members, in its own way through its own policies and procedures without outside interference. Those who opposed MCPE would not agree with this conclusion and pointed out the possible 'thinness of the shield' or questioned what else was happening in the house as a result of the MCPE 'spring cleaning'. The proponents of MCPE would argue that in the professions that have adopted MCPE, there was evidence to support their case or so the CPE personnel in the associations argued in discussions with the writer during the 80s and 90s.

MCPE was also associated with the relationship of groups and 'systems' with the professions. MCPE demonstrated to them, in a practical and quantitative way, that the professions were accountable, responsive and responsible. However, if the mandatory option was not just a token gesture for the benefit of the profession's various critical publics but designed to make a real impact on the competence of its members, then great pressure was placed on those responsible for the planning, delivery and evaluation of the CPE program. Against evidence that compulsory attendance would not assure competence, those responsible for the CPE program proceeded believing that their program will deliver evidence of improved practitioner performance.

In simple terms the situation may have been described in terms of principles (the voluntary option) versus pragmatism (the mandatory option) or learning or management as the priority. The differences in the two approaches indicate how different CPE may have developed if there had been a different choice of the options.

What conclusions may be drawn from the arguments about the two policy options? Firstly,

in many issues it is difficult to reconcile the arguments as they are direct opposites. Secondly, arguments refer not just to educational issues but reach into the foundations of professional life, the role of professional associations and the nature of professionalism. Thirdly, CPE is clearly entwined into other policies and problems for professions and their associations. Fourthly, some arguments for both options reveal a limited view of the society in which professionals practice, for example when the voluntary option is supported by unrealistic points of 'principle' and the pragmatism of the mandatory view makes unreal assumptions about the gullibility of the profession watchers. Fifthly, the discussion has focused entirely on one target for the mandatory requirement, the individual practitioner, probably because of the impact of precedents in the USA. Other 'options' such as the mandating of a requirement for employers to provide CPE is not adequately addressed. That is one reason why the Training Guarantee is noted in Chapter 5.