International Journal of Paramedicine

Published by the National EMS Management Association (USA)

RESEARCH REPORTS

THE EXPERIENCES OF AND ATTITUDES TOWARDS CONTINUING PROFESSIONAL DEVELOPMENT: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF UK PARAMEDICS (EAT CPD)

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Recommended Citation: Handyside, B. & Watson, K. (2024). The experiences of and attitudes towards continuing professional development: An interpretative phenomenological analysis of UK paramedics. *International Journal of Paramedicine*. (8), 89-103. https://doi.org/10.56068/LOSH9394. Retrieved from https://internationaljournalofparamedicine.com/index.php/ijop/article/view/3006

Keywords: paramedicine, continuing professional development, ambulance services, education, emergency medical services, EMS

Received: December 15, 2023
Revised: May 3, 2024
Accepted: July 2, 2024
Published: October 8, 2024

Disclosures: This research was in part fulfilment for a MA in education professional practice from the University of Cumbria who provided the ethical approval for this study. The lead author works as a paramedic for the ambulance trust where all participants also hold contracts.

Declaration of Interests: None.

Disclaimer: None.

Presentation: This work was presented in poster format at College of Paramedics (UK), National Conference, May 2023, Nottingham, England, UK and the 999EMS Research Forum Conference 2023, June 2023. Manchester, England, UK.

Acknowledgements: Professor Charles D. Deakin, MA, MD, FRCA.

ABSTRACT

Background: Paramedics are Allied Health Professionals (AHPs), registered with the Health and Care Professions Council (HCPC). Part of this registration is the responsibility to conduct and record continuing professional development (CPD) with a sample of UK paramedics audited every two years as part of their reregistration process. Compared to other AHPs very little is known about paramedics' engagement with CPD and how it affects them professionally.

Methods: To understand the lived experiences of paramedics related to their CPD an Interpretative Phenomenological Analysis (IPA) was undertaken. Audio-recorded semi-structured interviews took place with registered paramedics working across healthcare. Interviews were professionally transcribed and analysed via thematic analysis related to IPA research.

Results: Seven interviews produced one overarching domain of Paramedics experiences of and attitudes towards CPD, developed from four themes created by a variety of subthemes. The four themes were: personal factors (individual motivations to conduct CPD), professional accountability (how CPD improves oneself and the profession), employer investment and support (how employers play their part in CPD facilitation), and Covid-19 (Covid-19s impact on CPD). Novel subthemes included CPD is a personal responsibility and Covid-19 factors.

Conclusions: Paramedics are faced with a plethora of factors impacting upon how and why they engage with CPD. Whilst many factors are shared the combination of factors are individual and personal to each paramedic. A more structured and integrated collaboration between paramedics, employers, regulators, and CPD providers could help promote facilitators and reduce barriers to CPD for paramedics, whilst also delivering focused CPD activities that improve the profession and registration requirements.

INTRODUCTION

Continuing Professional Development (CPD) is a mandatory requirement of registration for all healthcare professionals including paramedics in the United Kingdom (UK) (Karas et al., 2020), as well as paramedics across the globe includ-

ing Australia, New Zealand, and South Africa. The subject of CPD in relation to the paramedic profession has not been studied as in depth compared to other medical and Allied Health Professionals (AHPs) (Gould et al., 2007; Haywood et al., 2012; Hobbs et al., 2021; Vazquez-Calatayud et al., 2021; Walter & Terry, 2021). Some international literature exists, beginning to explore this subject (Adefuye et al., 2020; Bryant et al., 2023; Gent, 2016; Hobbs et al., 2021; Knox et al., 2014; Knox et al., 2015; Williams & Edlington, 2019), but no previous study specifically looking at the attitudes and experiences of paramedics regarding their CPD as part of a mature registration process has been conducted in the UK.

As of September 2021, there were 31,470 registered paramedics in the United Kingdom (UK) (Health and Care Professions Council [HCPC], 2021a). Paramedics reregister every two years, declaring their continuing abilities to meet a number of practice and personal competencies (HCPC, 2014a, 2016a, 2018, 2021a) though their CPD requirements are not as prescribed compared to other healthcare professions in the UK (Karas et al., 2020) or abroad (Paramedicine Board of Australia, 2018).

In the UK paramedics no longer work exclusively for ambulance trusts, having broadened their employability and scopes of practice, and can be found working across a plethora of healthcare and industry settings (College of Paramedics, 2019). It is unknown if this expansion of the profession has had a positive or negative effect on CPD engagement and how it relates to registration for the paramedic profession.

HCPC commissioned research (Illing et al., 2017; Silversides, 2015) into its CPD standards and audit processes have shown mixed understanding and feelings from AHPs regarding HCPC processes and expectations, causing anxiety. Despite this only a handful (5 out of 3161) of paramedics have had their registrations removed for failing a CPD audit since 2008 (HCPC, 2012, 2014b, 2016b; 2019, 2021b, 2023 Illing et al., 2017). The majority have occurred recently with no obvious reason(s) for this.

Further discourse surrounds CPD for healthcare professionals (Draper & Clark, 2007; Illing et al., 2017; Silversides, 2015), and extends to whether it is a professional responsibility to meet registration organisation requirements, employees beliefs concerning how employers can provide and support CPD (Alsop, 2013; HCPC 2017; Illing et al., 2017), and, specifically for paramedics, the subjective guidelines provided to them by the HCPC compared to other healthcare professionals (Karas et al., 2020). Paramedics in the UK via the HCPC are not provided with specific CPD requirements in terms of time or activities, rather these are 'suggested'. Compared to other healthcare professionals' registration bodies such as the Nursing and midwifery Council (NMC), who stipulate 35 hours of CPD over 3 years with 20 hours spent within group learning and additional reflection required (Karas, et al., 2020), and the Paramedicine Board of Australia (2018) who require paramedics to complete 30 hours of CPD annually with 8 of these in interactive settings with other practitioners.

Despite the lack of prescription in terms of required CPD time and activity the paramedic profession is meeting its requirements as a whole, but due to the limited focus on this area for the profession it would appear pertinent to understand in more depth the motivations of paramedics regarding how / why they engage in CPD.

METHODS

Aims

To better understand paramedics' lived experiences of conducting CPD, how they engage with it and the types of facilitators and barriers they encounter.

Objectives:

- What are paramedics experiences of engaging with CPD activities?
- What are the attitudes of paramedics towards CPD activities?
- What are the reasons paramedics engage with CPD?
- What do they like / dislike about CPD?

Design

This study was interpretive in nature and employed a phenomenological approach, specifically Interpretive Phenomenological Analysis (IPA) (Smith, 1996). The aim of phenomenology is to explore individuals, groups, and cultures' lived experiences of their day-to-day lives (Holloway & Galvin, 2017) with individuals seeking meaning from their experiences and their accounts conveying these meanings (Gill, 2020). This requires a sample that reflects the diverse range of employment opportunities undertaken by paramedics can be accounted for both in terms of similarities and differences. IPA sits within Heidegger's school of methodology which acknowledges that it is not possible for researchers to be completely free from presumptions during the research process and can therefore not 'bracket' these as expected within descriptive phenomenology (Gill, 2020),, pertinent for the researcher in this case who adopted a reflexive stance to acknowledge their position.

A hermeneutic approach was adopted, allowing for the researcher's interpretation of the participants' interpretations to occur while acknowledging their reflexivity due to their background, employment, and closeness to the research topic and participants, meaning they could not truly be detached from their assumptions, beliefs, and knowledge during data collection and analysis (Gill, 2020; Holloway & Galvin, 2017). Also, they continue to work as a paramedic based in the UK, first registered in 2008, working for their ambulance trust since 2004, and was audited by the HCPC for their CPD in 2017, passing successfully.

An interview topic guide was developed consisting of 13 questions where a pilot ensured appropriate editing of questions, content validity, improvements to the language used, and the questions were clinically and practice relevant (Howitt, 2020). In-depth semi-structured interviews were conducted, capturing interpersonal data related to lived and life-world experiences of conducting CPD rather than second hand knowledge (Brinkmann & Kvale, 2018; Matthews & Ross, 2010; Patton, 2021; Wheeldon & Ahlberg, 2012), beneficial for complex, sensitive, or poorly understood topics (Matthews and Ross, 2010), and for qualitative and phenomenological research (Brinkmann & Kvale, 2018).

Ensuring a reflexive stance, especially within the data analysis, was important. Doing so improved the transparency and trustworthiness of the research and reduced the biases of the researcher but ensured a greater understanding of the lifeworld and lived experiences being explored (Holloway & Galvin, 2017). To assist with reflexivity and triangu-

lation of the data, observational note taking during interviews took place alongside the production of a reflexive journal. Triangulating the data from these sources meant more comprehensive results (Flick, 2018) and the hermeneutic circle was adhered to with the hidden meanings (Rodriguez & Smith, 2108) extracted rather than generalisations.

Six of the seven interviews took place face to face and adhered to social distancing and personal protective equipment wearing protocols as required by the UK government due to the Covid-19 pandemic. The remaining interview was conducted using Microsoft Teams. Each participant received a Participant Information Sheet. Verbal and written consent were sought before interviews began.

IPA focuses on small numbers of participants (Gill, 2020), from homogeneous groups enabling detailed analysis of each participant's data (Smith et al., 2009). The sampling was purposive for individuals with relevant experience(s) and pertinent to the research (Gill, 2020; Peat et al., 2019; Smith & Osborn 2015). Fundamental to IPA is to articulate the commonalities across groups of individuals rather than making broader generalised comments (Smith & Osborn, 2015). To do this IPA employs a sampling strategy different from other interpretative phenomenological approaches, meaning thematic saturation is not required (Gill, 2020), with 3 – 6 participants recommended for student research (Smith et al., 2009).

Setting and Sampling Strategy

The research was aimed to specifically look at paramedics. Whilst it is acknowledged others such as employers, the HCPC and CPD providers have vested interest in this topic too, it was outside of the scope of this study to include them. Hopefully this can add to the research in this area and be a catalyst for wider discussion. Therefore, a purposive sample, promoting diversity of participants relating to their employment(s), length of registration and characteristics was undertaken. The Health Research Authority (HRA) at the time had suspended its approvals for student research (Health Research Authority [HRA], 2021) (more details in ethics section) due to the Covid-19 pandemic. Guidance on how to conduct research outside of the NHS which still involved NHS staff was followed (HRA, 2021).

Participants

Seven participants were interviewed (m=4, f=3). All were registered paramedics with the HCPC, working for a mid-sized National Health Service (NHS) ambulance trust in the UK. n=5 held substantive contracts with the trust in question, though with different clinical / organisational roles. n=2 held substantive contracts with other healthcare providers alongside bank contracts as paramedics at the same ambulance trust. All participants held registrations covering at least one full audit cycle. n=1 had been previously audited by the HCPC.

Data Collection and Analysis

Professional verbatim transcripts were produced by a third party, with all data handled in accordance with the Data Protection Act 2018. A step-by-step inductive thematic analysis for IPA research (Howitt, 2020; Smith, 2011; Smith & Osborn, 2015; Smith et al., 2009)

was undertaken. SRQR reporting guidelines (O'Brien et al., 2014) were utilised to ensure the comprehensiveness of this qualitative study.

RESULTS

The researcher noted several topics of discussion provided by the interviews and in the analysis were similar to their own experiences and refereed to at the start of the research in their reflexive journal.

One overarching domain of Paramedic's experiences of and attitudes towards CPD was developed from four themes: personal factors, professional accountability, employer investment and support, and Covid-19 as seen in figure 1. Each theme being developed from a number of subthemes as seen in table 1.

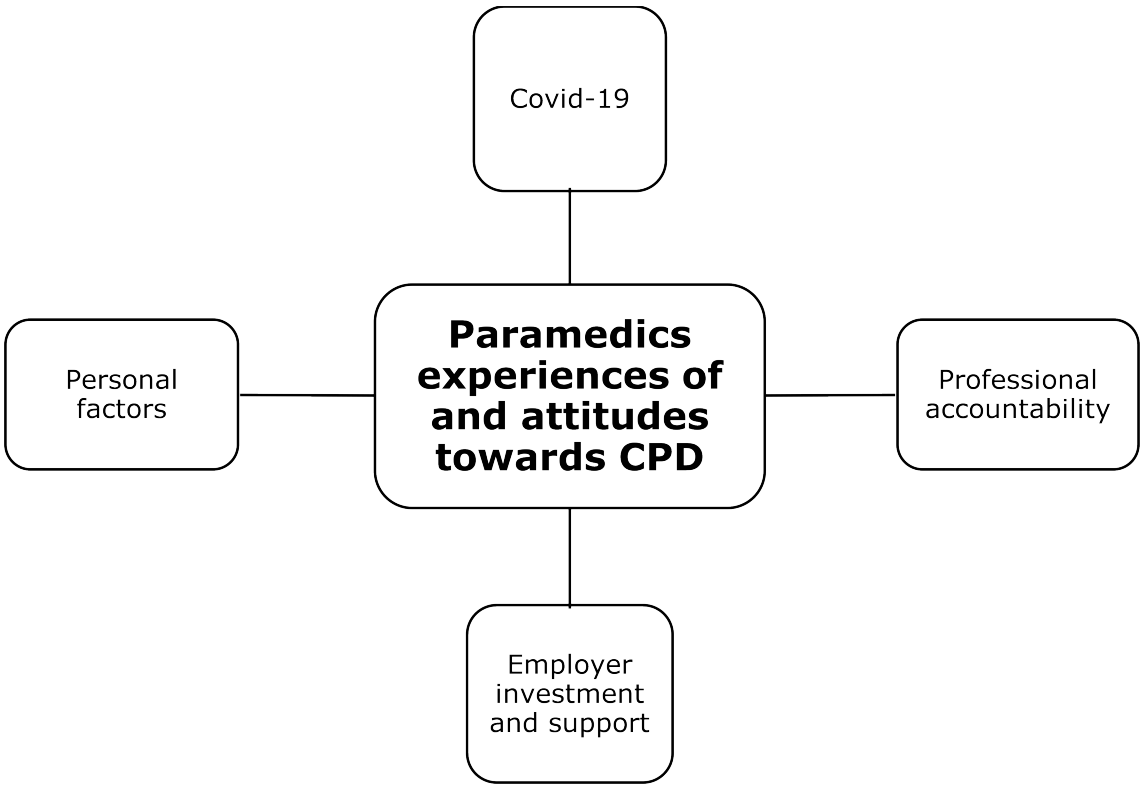

Figure 1. Thematic map of domain with associated themes.

Covid-19

Composed from the subtheme Covid-19 factors. Covid-19 was a prominent factor for all participants. Not just different working practices but the impact it had on CPD and how it could be engaged with,

> *Um, it's been more difficult over the past couple of years, obviously, because of, of COVID (P7).*

Though there were benefits through innovation,

> *I've noticed like webinars and those sorts of platforms have really sort of kicked up in volume through COVID, where really, they-they were few and far between before that. So, I think, yeah, there's a-there's a lean towards that method because, you know, people are – the kind of big ad-*

vantages; you don't have to worry about travelling, you don't have to worry about accommodation, um, actually, it's probably considerably cheaper for what you get, (P3).

Domain	
Paramedics experiences of and attitudes towards CPD	
Theme	**Subthemes**
Personal factors	• Activity preference • Additional opportunities • Enjoyment • Faculty • Personal responsibility • Work-life balance
Professional accountability	• Benefits patients • CPD standards, expectations, and audit • CPD within job role • Improve profession • Remain up to date • Role relevance • Self-reflection
Employer investment and support	• Culture • Employer provision/lack of • Funding • Time
Covid-19	• Covid-19 factors

Table 1. Overview of domain, themes, and subthemes.

Personal Factors

Comprised of pertinent individual reasons as to why CPD is conducted, it covered sub-themes of personal responsibility, activity preference(s), enjoyment, additional opportunities, faculty, and work-life balance.

Most prominent was a belief that CPD is a personal responsibility. Every participant referenced this and appeared proactive.

Me. Just me. Um, the reality is, is as a healthcare professional… it's up to me… to seek out the CPD that will benefit me, um, it'll benefit my – ultimately, then benefit my service users (P3).

Most participants alluded to activities needing to be varied with the majority preferring practical activities in small groups, alongside peers / stakeholders, offering challenge, whilst being contemporary and evidence based.

So, I look at a broad range of methods. So, I'll utilise courses, I'll utilise webinars, journal articles, I will have professional discussions, I will, um, listen to podcasts, I will watch YouTube videos, I will, um, participate in study days, I will look at, um, just even-even so much as something like a radio program (P3).

Activities where poor engagement could be seen were those of larger sizes such as conferences, passive activities such as e-learning which can lead to boredom, and the increased use of information and communication technology to deliver CPD was not universally liked.

Enjoyment in terms of improving engagement and developing motivation for CPD was important.

and the more I did, the more I enjoyed it, the more opportunities became available and yeah, it, it was very fruitful, very enjoyable (P1).

Some participants realised the benefit of CPD to further their careers and future diversification because it offers additional opportunities.

I feel like I've, I've learnt a lot from it, erm, and ultimately it's kind of resulted in me changing my job roles and now pursuing a slightly different angle, pre-hospital care (P1).

The faculty whilst not impacting on the participation of a CPD event, contributed towards the overall experience and memory of it.

> *different workshops of different skills that were very good because you had a higher level of, er, skilled people being able to run the skills workshops, er, and run scenarios which I found very useful (P2).*

The main area of discourse described by all participants was work-life balance. Paramedics appear keen to conduct CPD but are not prepared to over invest in terms of time and monetary resources.

> *unfortunately to get decent CPD now you do seem to have to pay quite a large sum to actually attend these days (P2).*

> *your days off don't become your days off and you need your days off. So, I suppose it's the work life balance which is affected (P1).*

Professional Accountability

This theme relates to having a strong professional foundation regarding CPD, its clinical and personal benefits but also issues around the professional expectations. It included subthemes of, benefit the service user, remain up to date, improve the profession, self-reflection, role relevant, CPD as job role, and CPD standards, expectations, and audit.

Fundamental to this was the importance of CPD improving the self and benefiting the service user.

> *So, I think it is taking any platform of information where you're benefiting your practice and subsequently benefiting um the - the service user or patient (P6).*

Paramedics appear to be invested in evidence-based practice to remain up to date more than ever and do this to ensure contemporary practice,

> *my obligation as a paramedic to, to stay current is first and foremost (P1).*

Paramedics have a strong sense of professional pride. The landscape of professionalism within the paramedic profession has changed over the last decade and paramedics feel at the forefront of being able to improve the profession.

> *people would then have these little areas of expertise which will then drive the profession forward (P1).*

Paramedics, when undertaking self-reflection regarding CPD activities, had three specific areas they wanted to focus on. These were areas of interest, areas of weakness, and clinical self-improvement.

> *I think the ones that you have an interest in are certainly more positive and I think that's just human nature. It's if you're doing something you've got an interest in, you're gonna take more from it, well, you're gonna enjoy it more, should I say, maybe take more from it (P1).*

Opposite to this are areas of practice that leave paramedics feeling anxious, vulnerable, and unprepared meaning CPD can be utilised in an attempt to reduce these feelings,

> *more the sort of trauma work. We don't seem to get that much, so trauma courses are quite decent things to be doing because of the lack of exposure that we seem to be getting. So, the more experience we have, obviously the more competent and confident you're going to be when you're – when you're attending (P2).*

All participants were keen that any CPD they participated in had role relevance.

> *I think if I can see the relevance, and if I can see - see that it's going to directly make me better at my job, then I'm all for it, (P4).*

Some participants picked up on the idea that CPD within the job role can occur naturally, but it is about realising this and making the most of it.

> *as far as my urgent care stuff, because I have to complete it with both, but hopefully there'll be - there's bits I can cross-reference with all three different areas of my work (P5).*

CPD standards, expectations, and audit encompassed negativity towards the requirements of CPD. This subtheme was comprised of areas including, lack of knowledge of CPD standards, fear of audit, unsure what counts as CPD and there being a vast amount to cover.

> *Sure. I'm aware there are standards. [Laughs]. Yeah. Um, so yes, I am aware of the fact that it is a requirement, I'm - I would say I'm vaguely aware of what they're looking for, um, but I'm not confident that, you know, if I - if I - if I - if I couldn't have a look, I wouldn't be confident that I'd know exactly what to document, how they want it, and what sorts of things they're after and how to kind of justify its position within my CPD portfolio. So, I'm aware of it, but not in the detail that I need in order to, you know, answer any audits that come my way (P4).*

Employer Investment and Support

Referring to paramedic's feelings and experiences about how their employers view and support CPD for individuals, it comprised sub-themes of culture, employer provision/lack of, funding, and time.

Paramedics believed employers who invest in their development more would reap the benefits in improved job satisfaction, patient care, and retention. Culture was key to this with a belief that investment leads to investment.

> *if you're not investing and you're kind of then creating an environment where, why do people want to invest in themselves, if that makes sense, and they might just do the bare minimum or maybe not much at all towards their CPD portfolio (P1).*

It was acknowledged there was both employer provision/lack of but overall employees want employers to do more,

> *Um, and, I guess, CPD is probably also training that you put on for work as well, um, either offered or mandatory training, er, courses, reading, that kind of thing (P4).*

> *I feel, there, there, there should be more opportunities from the employer. They should offer more opportunities (P1).*

Funding was seen as an area for improvement because costs can be prohibitive for individuals or funding is not available,

> *maybe I had to fund a few bits because, erm, funding was difficult to obtain for certain areas because it may have not been beneficial for the organisation to do it, or it just wasn't available at the time (P1).*

Time was key as CPD is generally conducted in personal time and there are no protected criteria for paramedics compared to other AHPs.

we're probably a little bit behind the curve in terms of professional development time (P3).

DISCUSSION

This is the first qualitative study in the UK exploring paramedics' experiences and attitudes towards CPD.

The majority of themes and subthemes have been identified within healthcare research previously (Bryant et al., 2023; Gould et al., 2007; Haywood et al., 2012; Hobbs et al., 2021; Knox et al., 2015; Vazquez-Calatayud et al., 2021; Walter & Terry, 2021; Williams & Edlington, 2019).

The Covid-19 pandemic did effect professionals' ability to engage with CPD activities but it was still their responsibility to engage and develop despite regulators relaxing their requirements (Mack & Filipe, 2021). The Covid-19 theme is likely due to its contemporary nature and time this research was conducted. It appears to have had an effect on how paramedics engaged with their CPD and has probably started or at least brought forward the increased use of technological innovation for CPD offerings (Mack & Filipe, 2021). Exactly what these are, the benefits and barriers (Knox et al., 2015), what could be considered the 'new norm', and the Covid-19 pandemic's overall influence and relationship to CPD requires studying now its impact has subsided. Though this research does not pertain to do that it does highlight that paramedics had to adapt their CPD practices and a quantifiable link between the effects of Covid-19 and paramedic CPD engagement has occurred. While CPD offerings have developed or changed because of the Covid-19 pandemic, providers still need to be aware of providing inclusive activities whilst acknowledging a blended approach between the use of technology and practical application has been seen as motivating and engaging, (Knox et al., 2015; Mack & Filipe, 2021) especially considering the practical nature of the paramedic role. Rowland et al (2021) summarises for individuals and CPD providers to learn from this period and develop how CPD is delivered in the future so as not to lose the insights gained.

The paramedic profession has historically attracted those who have preferences for physical and practical work (Wood, 2012). This study does not change that belief despite the recent increase in academic entry to the profession. As academic requirements grow it must be acknowledged the role of a paramedic is practical in nature and CPD must continually consider how it caters to different learning styles and preferences. Students within medical professions are multimodal in their approach to learning (Busan, 2014; Samarakoon et al., 2013), with practical elements encouraged due to their benefits and improved abilities to maintain attention spans (Campbell, 2014).

Paramedics generally wanted to be involved in group activities involving peers and stakeholders, ensuring activities cover a variety of learning styles to benefit the majority. This has already been seen (Knox et al., 2015; Williams & Edlington, 2019) and could be related to rarely working in solitude, being comfortable around peers and wanting to learn from others they work alongside. As healthcare becomes more collaborative in nature developing interprofessional CPD that changes the focus from individual profession learning to one of improved understanding and appreciation of different roles could prove beneficial for healthcare professionals and patients (Sargeant et al., 2018).

There was total agreement that CPD requirements are a personal responsibility of a paramedic. Hobbs et al (2021) found this linked to higher levels of professionalism but this was in contrast to another Australian study (Williams & Edlington, 2019) who found paramedics believed CPD provision and engagement was an employer responsibility. The later study was conducted prior to professional registration within Australia, whereas the former and this study reviewed a mature registration process in the UK, occurring since Australian registration has begun, which may account for the differences in attitudes seen.

Paramedics were overwhelming in their consensus that CPD was a personal responsibility, but support (especially from employers) as also reported by Hobbs et al (2021), was required to lessen the commitment. Historic ambulance education and CPD has had a negativity surrounding it; especially in terms of statutory and mandatory requirements over clinically relevant activities (Gent, 2016; Williams & Edlington, 2019) and the need to rely on more than clinical exposure alone (Gent, 2016). This has potentially led to an attitude of self-preservation within the profession to remain current in clinical practice and knowledge bases but also to guarantee the meeting of professional standards.

The relatively open guidelines for paramedics issued by the HCPC regarding CPD requirements may account for the proactive attitudes seen within this study. HCPC registrants have asked for specific minimum requirements to work towards to increase the rigor of the standards but also to reduce anxiety around them (Silversides, 2015). This is in contrast to Illing et al (2017) who found nearly all of the HCPC registrants studied understood 'well' or 'completely' each of the HCPC CPD standards. There appears to be something of a paradox within the profession and its relationship to its CPD standards, they cause anxiety yet very few paramedics fail their CPD audit overall. There is not likely to be a change from the HCPC based on these statistics especially as their standards for paramedics leave options open for self-reflection based on what individuals feel they need and how long they require for their CPD (Illing et al., 2017; Silversides, 2015) even if improved guidance is wanted. In providing minimum requirements paramedics may see CPD holistically as a tick box exercise with this attitude towards CPD seen as demotivating (Hobbs et al., 2021; Knox et al., 2014, Knox et al., 2015, Williams and Edlington, 2019) and stifling personal preferences and engagement. Though the opposite may also be true with a model of minimum requirements being successful for other healthcare registration bodies in the UK and paramedic registration bodies abroad. A proposed model of competence based CPD taking account of evolving job roles based in the workplace environment (Sargeant et al., 2018) which has additional support (Gould et al., 2007), could harness an individual's ability to self-reflect on their practice, explore their CPD requirements, align this to their practice, and assess the impact. This will move individuals away from completing CPD to show participation to a place where the impact of learning can be seen and evaluated in real terms. This process would cover the HCPC (HCPC, 2021b) expectations and provide more individualised guidance as to the requirements for CPD engagement.

LIMITATIONS

The piloted interview protocol was conducted internally only and designed by the authors, with adaptation throughout the early phases of data collection to make it as valid as possible (Howitt, 2020).

The participants knowing the researcher may have created an environment where socially desirable answers were given. Interpretation of the data was solely conducted by the lead author, meaning no investigator triangulation took place, opening the data analysis to observer bias (Flick, 2018).

The sample was of a small, homogenous group, and a wider spectrum of employers may have led to additional results, whilst the voice of employers, the HCPC and CPD providers has not been captured which may have triangulated the data further and offered differing views on the results found. It would have also allowed for a more balanced set of results.

Interviews were transcribed by a professional third party rather than the authors due to resource constraints. Though closeness to the data was achieved through repeated listening to the audio recordings and rereading of the transcripts (Wilson, 2014).

The reflexivity of this study was respected throughout considering the closeness of the lead author to the participants. It has meant an IPA methodology was appropriate given its axiology, with the inability of the author to detach from their influences (Gill, 2020), how interpretations of interpretations can be affected (Tuohy et al., 2013), and the lead authors position always acknowledged (Underwood et al., 2010).

CONCLUSIONS

It can be seen how CPD is a complex topic combining personal, professional, and employer requirements with the experiences and attitudes towards CPD that are individual to each paramedic but align with those seen with other AHPs, though novel ones have presented themselves. Albeit one of these (Covid-19) is likely to have also caused disruption within other AHPs CPD endeavours too but the overall impact of this requires additional focus. Though it has likely changed how providers and participants of CPD approach their requirements now and in the future. The majority of experiences and attitudes towards CPD are positive and support the constructive expectations of why CPD exists. Though paramedics would like a more structured and integrated collaboration between the profession, employers, regulators, and CPD providers to ensure greater understanding of the professional requirements whilst being provided with more focused and wide-ranging selections of CPD activities whilst not negating the kinaesthetic nature of the profession.

ETHICS

At the point of conducting this study The Health Research Authority (HRA), due to the Covid-19 pandemic, withdrew their application processes for students undertaking research within the NHS for academic qualification purposes. Utilising their guidance and toolkit (HRA, 2021) a recruitment strategy using personal contacts and social media was employed. Data collection was conducted outside of NHS time and premises, meaning HRA approval for this project was not required. Ethical approval was sought through and provided by the University of Cumbria. The research was conducted according to the principles of the Declaration of Helsinki

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