Policy, Organizational Power Structure and Commercial Support in Continuing Professional Education

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Abstract

The purpose of this study is to examine the policy, organizational power structure and commercial support in continuing professional education (CPE) in three professional associations in Malaysia. A qualitative multiple-case method was employed, and data were collected through in-depth interviews. A constant comparative method was used in the within-case and cross-case analysis. The findings suggest that policy on CPE Regulation, organizational power structure, and commercial support are closely related and intertwined with each other and together they shape the programme planning practices of the professional providers.

Key Words: Programme planning policy, continuing professional education, organizational power structure, commercial support

Introduction

In our modern-day climate of seemingly endless innovation and change, it is more important that people in all fields commit to continuing professional educational (Guest, 2000; Gracy & Croft, 2007). In Malaysia, there is an increased recognition that updating of existing knowledge and skill, and development of new knowledge and skill are part of professional life (Government of Malaysia, The Ninth Malaysia Plan, 2006-2010). The changing demands now being placed upon the professionals have led to recognition of the need for a planned and structured approach to learning for work. Individual practitioners, their employers, the professional bodies, and the teaching institutions are increasingly aware that continuing professional education is a joint responsibility requiring shared commitment and action (Rapkins, 1995; Gracy & Croft, 2007; Sobiechowska & Maisch, 2007; Lehman & Fryd, 2008).

Programme planning requires highly skilled and knowledgeable planners who have the expertise to guide the process. In order to accomplish the goals of continuing professional education, in improving professional knowledge, skills, and competence, the programme planners must be guided by a planning practice that takes into account the institutional setting, the internal and external influences that affect the decisions they make in the programme planning process. Moreover, they must be aware of these influences and are prepared to deal with them. Therefore, the purpose of this study is to examine the programme planning practices in the selected continuing professional education providers in Malaysia. Specifically, the aim of this paper is to understand the contextual factors influencing continuing professional education programme planning practices in these providers.

Continuing Professional Education

Continuing professional education (CPE) is a field of practice and study that is directed on the on-going needs of professionals (Cervero, 2000). The purpose of CPE is to certify and improve professional knowledge and practice (Loo & Rocco, 2006). CPE is continuing because learning never ceases, regardless of age or seniority. It is professional because it focused on personal competence in a professional role; and it is concerned with education because its goal is to improve personal performance and enhance career progression. Many aspects of CPE is not new, most professionals have always recognized the need for professional updating; but CPE's emphasis on systematic development and the comprehensive identification of learning opportunities, now provides a framework within which formal and informal learning activities can be set. Learning and development becomes planned, rather than accidental (Cervero, 2001).

Contrary to the developed countries in the West, continuing professional education is a relatively new field of study in Malaysia. The term itself has only come into common use since the 1990s and later after the

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financial crises, whereby many professional associations, providers, agencies, and individuals became aware that the need to change and update themselves with new knowledge, skills and competencies has become apparent, that the future is more diverse, demanding more fragmented than the past (Houle, 1980). With the increasing speed of technological, economic and social change which propels the need for improvements in both the quality and quantity of CPE, these changes result in the need for individuals, corporations, associations, and providers to develop educational cultures that support continuous retraining, educational opportunities and exposure to new ideas, processes and technologies (Balan, 2005).

As envisaged in the Ninth Malaysia Plan (Government of Malaysia, The Ninth Malaysia Plan, 2006-2010), it is believed in order to enhance Malaysia's competitive edge, special emphasis will be given to increasing productivity and efficiency through human resource development, encouraging research and development, as well as utilizing the latest technologies. The successful implementation of this development plan (Ninth Malaysia Plan) is crucial if Malaysia is to achieve "Vision 2020", a developed nation status by the year 2020. During the plan period, the principal thrust of human resource development is to create a strong human resource base to support the development of a knowledge-based economy and enhance productivity and competitiveness. In this regard, efforts will be undertaken to develop an efficient and responsive education and training system to meet the demand for a knowledgeable and highly skilled labour force that is responsive to the changing needs of industries and technological advancement. Besides that, lifelong learning programmes are to be expanded to provide greater opportunities for individuals to improve and add value to themselves through continuous acquisition of knowledge and skill to support the development of a learning society.

Studies on CPE are still lacking and very limited empirical evidence is available to support CPE research in Malaysia. However, Balan (2005) attempted, when he conducted a study on contextual factors associated with CPE practices in selected professional providers in Malaysia. His study identified, that CPE activities, programmes and resources in these providers are not properly controlled and evaluated, CPE programmes are planned by seminar schedulers, who have no experience in programme planning, thus, not meeting the needs of the members, resulting in non- attendance. These organizations do not have a mandate to regulate CPE practice. CPE in most providers understudy are still not mandatory, hence, the professionals do not take CPE seriously. In fact, in most providers, it is still being debatable as to whether CPE is to be regulated mandatory. CPE is still managed rudimentary, that the management of CPE in these providers is generally an issue yet to be recognized as an activity worthy of management time. There is an absence of a coherent CPE policy, which reflects business-driven needs. These findings have intensified further the need for this study to be conducted in order to get a better understanding of the process of planning CPE programmes for the professionals, in keeping them up to date and enhancing their productivity and competitiveness in moving towards a knowledge-based economy and the status of a fully developed Malaysia.

Policy on Continuing Professional Education Regulation

The driving force for CPE is, essentially, the need for a profession to show to the public that members keep themselves competent as professionals. It is part of quality assurance system of a profession. The need to gain the confidence of government and employees has encouraged professional bodies to try to regulate their members' CPE. Policies on CPE vary from being purely voluntary, through obligatory, to mandatory (Senior, 1999).

Adult and Continuing Professional Education

Continuing professional education practice is influenced by the fact that the participants are adults who work in a particular setting. Thus, many of the educational processes used in the continuing education of professionals are the same as those used in adult and continuing education and in human resource development and training. The theory and research in these two areas can do much to inform continuing professional educators (Cervero, 1998). Given the centrality of programme planning practices to the work of adult educators, this attention is clearly understandable. Indeed, programme planning in adult and continuing education always has been, and always will be an inherently ideological practice with high stakes for all involved (Mabry, 2000).

Viewpoints on Programme Planning

Indeed, a majority of the programme planning literature prescribes what planners "ought" to do in their planning practice while ignoring the reality of what programme planners actually do (Loo & Rocco, 2006; Clardy, 2008). Most of the programme planning models assume an ideal world in which planners face well-defined problems and have a full array of alternatives, complete information about context, and unlimited resources to solve these problems, when in fact problems are ill-defined, resources are limited, and time limits are unrealistic. Practitioners find that application of these models is virtually impossible (Brookfield, 1986; Sork & Cafarella, 1989). These shortcomings in the planning literature need to be addressed that take into account the exigencies of day-to-day responsibilities of practitioners if planning practices and theories are to be viewed

seriously (Sork &n Caffarella, 1989). This is more so, as "programme planning is contextual in nature; that is, people plan programmes within a social, economic, cultural, and political climate" Caffarella (2002, p.26). Planning then becomes "an integration of individual planners' actions and the organizational context within which they work (Cervero and Wilson, 1996b, p.8).

Methodology

Research Design

The research approach for this study was a qualitative multiple-case study that provided an in-depth description of the programme planning practices in the selected CPE providers. Data were collected using in-depth personal interviews with the help of a semi-structured interview guide. The questions served as a guide, but allowed respondents freedom and flexibility in their answers.

Sample

Three professional associations, from the accounting, medical, and the architectural professions were purposefully selected for this study. Six programme planners were interviewed on the programme planning practices that they carried out in their respective associations. Their interviews were taped recorded and transcribed. A constant comparative method was used in the within-case and cross-case data analysis

Data Analysis

Data from interviews were transcribed verbatim and subsequently analysed by identifying similar and constant themes. Two stages of data analysis were carried out, a within-case analysis and a cross-case analysis, in which a constant comparative method was employed to both type of analysis. Apart from interviews, data were also obtained from documents gathered from the organizations.

Findings and Discussions

From the cross-case analysis, three contextual factors emerged from the data were interconnected in influencing the CPE programme planning practices in the selected providers, namely, policy on CPE regulation, the organizational power structure, and commercial support.

Policy on Continuing Professional Education Regulation

The professional associations' policies on regulating members' continuing professional education were found to have a great influence on the programme planning practices in all three associations understudy. The three policies on CPE regulation are mandatory, practised by Provider A; obligatory, practised by Provider B; and the voluntary policy as practised by Provider C.

Provider A, (Accountants' Professional Association) practises the mandatory policy on CPE for its members. As stipulated in their by-laws on Professional Conduct and Ethics, it is mandatory for all members to attain a minimum number of CPE hours for each year. A member in public practice must have at least 30 CPE hours a year to renew his or her audit license. Based on the stipulated by-laws, every accountant who joins the profession is aware that they have to comply with the compulsory CPE, and that they have to satisfy the number of credit hours stipulated. Therefore, in this sense, this association does not have the problem of participation as far as technical courses that are needed for them to log in the credit hours are concerned. However, for programmes, which are not compulsory for them to take, more extensive marketing is needed to sell the programmes. To cater to the needs of mandatory CPE, the CPE department of this association would have to come up with an average of 200 programmes a year, to ensure sufficient courses for the members to attend, and to meet the two objectives of the association, membership service and profit-making objectives. The CPE department of this institute is a revenue-churning department, which brings in a profit of about half a million Malaysian Ringgit each year. This is made possible by organizing programmes on evergreen and current topics, which are popular and interesting, catering to the needs of majority of the members.

Provider B, (Medical Professional Association), on the other hand practises the obligatory system of CPE. It is interesting to note, that while the accountants need a minimum of 30 credit hours of structured CPE per year, for relicensure and continued membership, to practise as an accountant, the medical professionals in Malaysia on the other hand, unlike their counterparts in the developed countries, do not need Continuing Medical Education (CME) for renewing their practising certificates. In fact, at the point this research was being conducted, they were still debating and arguing among various groups in the medical profession on the best way to implement mandatory CME. There are two schools of thought on this issue, one group is suggesting that the

government should enforce right away, while the other group feels that there is insufficient mechanism, such as expertise knowledge and financial capacity to implement CME. In fact, the most highly debated issue is on funding. The medical professionals in private practices are asking for financial incentives when they attend CME, as to them, leaving their practice unattended will mean a loss of income; and on top of that, they still have to pay for their CME.

In *Provider C* (Architects' Professional Association) which practises the voluntary system of CPE, the decision to undertake CPE is the choice of the individual. An institution sets guidelines recommending what should be done. It does not set penalties for non-compliance. Members can accept or reject the guidelines. At the time of study, however, the association is in the middle of a 2- year trial basis, working towards the mandatory system. It is training the architects to log in credit points, which is in a year's time going to be compulsory, in which all architects must have a certain number of credit points in order for them to register with the regulatory board in order to practise in Malaysia, which is not needed presently.

The function of the CPE committee in Provider C would have to change from previous years now that CPE is going to be made mandatory. In previous years, the role of the committee is to organize seminars and ad hoc CPE programmes whereby at least once a month they will organize a half-day or full-day session where members pay a nominal sum for a talk or seminar. Normally, only a small group of members will attend these programmes, as it was not compulsory then. The association conducted an average of 15-20 programmes annually. In addition, whenever there are foreign architects in town, impromptu gatherings would be organized for the members to be able to interact, exchange views, opinions and experiences with them. With the introduction of mandatory CPE for the profession, Provider C would have to play a major role in putting up programmes in place to provide avenues for members to be able to acquire CPE points. As programmes have been carried out on ad hoc basis, without proper planning previously, the committee would have to put many things in place, to get the programmes going. They will also have to cater to bigger groups of members who will have to attend the programmes now that CPE is going to be compulsory as compared to previous years where attendance was poor as not many attended.

It is obvious here, that CPE has to be mandatory, and otherwise most professionals would not make an effort to attend the activities organized. This finding also concurred with the findings of Balan's (2005) study, in which he found that in the providers with non-mandatory CPE, the professionals do not take CPE seriously resulting in non-attendance in the CPE programmes organised. As Clyne (1995, p.204), suggested that, "it 's necessary to have a policy on CPE, partly because the professional body needs to be seen to be doing something and partly because it provides a stick with which to beat those who are failing in their professional duty and might be a danger to the workplace". Mattran (1981) also agreed on the mandatory CPE regulation on professionals, as he points out that, when a person decides to pursue a career in a field that traditionally requires licensure that person also decides to abide by the canons of the chosen profession and continuing education is not an infringement of individual freedom. He argues that, since the professions are not static but dynamic, individual members of the professions cannot retain their integrity if they themselves remain static. However, Rockhill (1981), on the other hand is against the idea of mandatory CPE, because it is argued that it limits individual freedom, places efficiency before ethical considerations, has negative social consequences as well as negative social consequences as well as negative effects for adult education, and does not solve the problem it is designed to address. Nevertheless, Darkenwald and Merriam (1982, p.241), pointed out that the public has a right to be protected from incompetent practitioners, but mandatory continuing education is neither necessary nor sufficient to insure that result. They suggest mandating competent performance through periodic evaluations, and to deny relicensure to those who fail to demonstrate continued proficiency. They go on to say that, educational offerings do not guarantee learning and the acquisition of knowledge and skills do not insure that they will be applied to improve performance.

Organizational Power Structure

The power structure, the distribution of power within the organizational structure is another contributing factor found to influence programme planning practices in these professional providers. The distribution of power to the planners by virtue of their positions in the organizations and the autonomy to exercise that power vested in them helped to reinforce the planners' planning decisions.

The organizational structure in Provider A consists of a council comprising 15 members, headed by a president and other principal office bearers. They are volunteers who help with the running of the association after office hours. Each council member is chair to his or her respective committee. The council has the power to influence directly committee chairs and department heads, while committees have direct influences on department heads and act as links between the council and the department heads. The CPE department is under the supervision of the CPE committee. Although the levels of power are asymmetrical in this association, the head of the CPE department is given the full autonomy to run the department by the committee and council, a

dynamic that works very well for the administration of CPE in this association, making it department driven. This is based on his high credibility and record of accomplishments in bringing good monetary returns to the association, so much so that the council has empowered him to run the department and make the routine planning decisions. This one organizational dynamic made it possible for the CPE department of the association to be able to conduct many programmes, hence generating big revenue for the association, as time and bureaucracy are reduced in waiting for decision making at different levels of power in approving the programmes planned. The CPE committee and council will only come in whenever politically sensitive situations arise and decisions that are more difficult need to be made. Hence, it could be seen, that the head of the CPE department of this provider is quite a powerful and influential person. This is based on his record of accomplishments, in bringing in about half a million Malaysian Ringgit annually. This is made possible, by giving him the autonomy to decide on most of the planning decisions. Although the distribution of power is asymmetrical in Provider A, from the council to the CPE committee and down to the CPE head of department, the organizational power structure has distributed the power to the CPE head of department, the capacity for a variety of modes of leverage, manoeuvring, and strategic bargaining (Isaac, 1987 in Cervero and Wilson, 2006). With this power distributed to him, the head of the CPE department is in the position to exercise that power in representing the interests of other stakeholders and making planning decisions at planning tables (Cervero and Wilson, 2006).

Provider B, the Medical Specialists' Professional Association, on the other hand, is an organization embracing all the specialties in medicine in the country. It caters for the special interests of all the specialty groups in the field of medicine in Malaysia. The association conducts the CME activities for their members. The distribution of power in this association is asymmetrical. It is governed by a council of twenty members, who are volunteers, working for the association after their office hours. Among its members, the council will elect a member to be in charge of continuing medical education, the association CME chair. He is responsible for planning large-scale CME activities for the association, forming organizing committees and chairing them when the need arises. In this association, there is no permanent CME committee as committees are formed whenever needed. The association has a secretariat with staff strength of six, to help in the administrative work and coordinating CME activities for the association. The distribution of power in this association is such that the council will have to approve all CME activities organized by the association and organizing CME committees. However, at times the association CME chair will be empowered to plan and conduct CME. Since CME is committee driven, all decisions will have to go through the council for approval, this will take a longer time for activities to be conducted as the council meets once a month, hence limit the number of activities implemented.

There is no proper committee for CME at Provider B. The association CME chair will organize small-scale courses for the association with the help from the secretariat staffs. Only when there is a need to form a committee, then the association CME chair will proceed with the formation of the temporary CME committee under the council's instruction, or whenever there is a need to collaborate with other bodies. Most of the time CME organizing committees are formed on individual activity basis that is whenever a programme calls for an organizing committee to be formed. Even though the committee chairs are given the power to organize meetings to plan the programmes, their decisions would still have to be approved by the council, hence the long time taken for programmes to be implemented, which accounted for the few programmes conducted by the association.

Provider C, however, is governed by a council of ten members, who are volunteers, having their own practices or employed, helping in the running of the association. Each of these council members will be heading (chairing) their respective committee in the association and one of these committees is the CPE committee. The CPE committee consists of six members who are in practice. In this association, the distribution of power is asymmetrical. The committee meets once a month and the committee chair will be the one setting direction of the committee. Any decisions or proposals will have to be approved by the council, and then the council will empower the CPE chair to proceed with it. Only then, the CPE chair will reveal it to the members in the CPE committee and after that, the actual action of programme planning takes place. This indicated that CPE in this association is committee driven. In addition, if there are any proposals or ideas from the committee members, the chair will then convey it to the council in the next meeting.

It is obvious here, that the power to make planning decisions lies in the council and the CPE committee chair is only the go-between or link between the CPE committee members and the council and he does not have the power or autonomy to make planning decisions. If all planning decisions have to go through the council who sits once a month as their members are volunteers who have their own practices and careers to look after, a lot of time would be needed to approve programme planning decisions, hence the number of programmes get carried out will be limited. Even though there is a secretariat that helps with the administrative work, still all planning decisions have to be made, by the committee and the council as the secretariat comprised non-technical staff who are non- architects. Therefore, in order for CPE programmes to be implemented to meet the needs or

interests of the members, CPE should be department driven with their own full time staff so that they could give full focus on the task. As compared to committee driven CPE, which comprised committee members who are part-time volunteers with their own job commitments, not much could be achieved as demonstrated in all the three providers, even though the power relationships are asymmetrical.

CPE in professional associations should be department driven with their own full time staff so that they could give full focus on the task in order for CPE programmes to be implemented to meet the needs and interests of the members. The CPE head of department should be given the power to make planning decisions without having to go through the many levels for approvals of planning decisions, hence reducing time and bureaucracy. Not much could be achieved if CPE is run by councils / committees as the members are volunteers who have their own professions. This finding is in line with a study conducted by Maclean (1996), in which he found that planning is conducted in a complex structure of personal, institutional and social relationships of power and those planners must negotiate various interests within the relationships of power when selecting and developing programme.

Commercial Support

The issue of commercial support is one that emerged throughout all of the interviews. The funds keep programme costs down and reduce financial risks, as well as providing a source of additional income to the associations. The medical specialists relies heavily on this support from the pharmaceutical and medical product companies because they have the power of writing the prescriptions and ordering the medical supplies for their patients and to keep the registration costs low to get the doctors to attend their programmes, which are non-compulsory. The architects do have quite good support as they have product suppliers who are keen to display and introduce their products in the market, and this support has been keeping their registration fees low for the members too. The accountants only get commercial support for their annual conferences and they do not need it for their regular programmes as the registration fees will cover all the expenses, furthermore, they would like to have control of the programmes, which they have spent a lot of time creating and developing them. This again is influenced by the accountants' association unnecessary to keep their registration fees low as the members will pay for their compulsory CPE and it also saves the planners' time in soliciting for sponsorships, hence spending more time in planning more programmes for the members.

Provider B (Medical Specialists' Professional Association) however, relies quite heavily on commercial support such as the pharmaceutical and medical supplier's sponsor to fund their CME programmes, as they need to keep the registration fees low or even sponsor the whole programme with no registration fees charged to the members in order to get their members to attend the programmes conducted. Other sources of soliciting funds to run the programmes include having stalls to display and sell pharmaceutical and medical products during conventions and conferences. It is during these events that the organizing committee would have to work very hard to sell the conferences. It could be seen from here that the organizing committees of CME activities in Provider B have to work very hard to get sponsorships to keep registration fees low or no fees charged at all, in order to get members to attend CME activities that are non-compulsory.

Provider C (the Architects' Professional Association) too, does have quite a substantial reliance on commercial support to keep their registration fees rate low for the members. They are usually people in the building industry, the building suppliers who would sponsor programmes that are of advertising interests to them. The sponsors are given a captive audience in return for their sponsorships, in which, they are allowed half an hour sessions or so before the start of the actual programme. This is for them to introduce their companies and their products, and to set up booths whereby they could display their products and distribute their promotional materials. The association is able to keep their programmes fees low as most of their regular programmes are carried out at their own premises, in fact, with the commercial support they could manage to have a surplus that is ploughed back into the fund for future programmes.

Commercial support plays a very important role in bringing the costs of their programmes down in all the three organizations. The difference however is on the degree of reliance each of them had on this support. By lowering the costs of programmes, the planners hoped that more people will participate in the CPE or CME activities conducted which will in turn influence the programme planning practices of the organizations. From this study, it is obvious that associations with non-compulsory CPE/CME, as demonstrated in Providers B and C, would have to work harder to get commercial support to sponsor their programmes to lower the registration fees to attract more members to attend their activities as compared to the ones with compulsory CPE, as practised by Provider A.

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activities conducted which will in turn influence the programme planning practices of the providers. This is especially true in providers with non-mandatory CPE compliance. This finding on the dependence of commercial support to bring the registration fee down concurred with the findings of a study carried out by Maclean (1996) on programme planning on CME, whereby the physician programmes depended on funds from commercial support to keep registration fees low and as a source of additional income.

Conclusion

This study shows that CPE has to be made mandatory in order to get full participation; otherwise, most professionals would not make an effort to attend the activities organized. CPE should be department driven instead of committee driven for it to cater fully to the needs and interests of the professionals. Providers with non-mandatory CPE will have to rely more on commercial support to fund their programmes in order to keep costs low to encourage better attendance in the CPE programmes organised. All these three factors are closely related and intertwined with each other and together they shape the programme planning practices of the selected providers.

The study of programme planning practices in continuing professional education in selected professional associations in Malaysia has not only added to the programme planning knowledge base in CPE, but also provide insights into understanding the contextual factors involved in influencing programme planning practices in CPE. It has implications for both theory and practice of programme planning, especially in the field of adult and continuing professional education in general and more specifically in the Malaysian context. In terms of practical implication, this study provides valuable information especially to the local CPE programme planners. In order for Malaysia to be able to compete in the global market, its human resources must be competitive, and for that, all professional associations must be in the position to provide well-planned programmes to keep members up-to-date and have the competitive edge. To provide well-planned programmes, providers must employ highly skilled and knowledgeable planners who have the expertise to guide the process

Finally, as this study is a qualitative multi-case study of selected professional associations in Malaysia. Hence, a major limitation is the generalizability of the study and rigor of quantitative survey data. A quantitative survey is recommended for further research with a larger sampling size targeting all professional associations in Malaysia as it may gauge rigorous and comprehensive findings since this study is on three selected professional associations. This can support and complement the qualitative data and allow the generalization of findings in the context of CPE planning in Malaysia.

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