

Enhancing Continuous Professional Development for Occupational and Physical Therapists in Saudi Arabia: Overcoming Challenges and Fostering Growth

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Abstract-

Continuous professional development (CPD) is crucial for occupational and physical therapists to maintain competence and meet the growing demand for rehabilitation services in Saudi Arabia. However, therapists in the region face unique challenges that hinder their engagement in effective CPD activities. This article explores the barriers to CPD for therapists in Saudi Arabia, including accessibility, relevance, competing demands, and funding issues. Evidence-based strategies to enhance CPD effectiveness and impact are proposed, such as utilizing technology, supporting work-learning balance, tailoring content to specific needs, encouraging active learning, and providing implementation support. A case example of a successful blended learning CPD program for rural therapists in Australia is presented. The article concludes by emphasizing the need for collaboration among stakeholders to optimize CPD in Saudi Arabia and build a highly skilled rehabilitation workforce capable of providing quality, evidence-based care to meet growing population needs.

Keywords: Occupational Therapy, Physical therapy, Professional Development.

Introduction

Continuous professional development (CPD) plays a vital role in ensuring occupational and physical therapists maintain competence, acquire new skills, and stay current with the latest advancements in their fields [1]. In Saudi Arabia, the demand for high-quality rehabilitation services is growing rapidly due to increasing rates of chronic disease and disability [6]. CPD is essential for building workforce capacity to meet these demands [2]. However, therapists in the region face unique challenges that hinder their ability to engage effectively in CPD activities [1]. This article aims to explore the barriers to CPD for occupational and physical therapists in Saudi Arabia and propose evidence-based strategies to enhance CPD effectiveness and impact.

Challenges Faced in CPD

Several key themes emerge from the literature regarding barriers to CPD for rehabilitation professionals:

Accessibility and Flexibility: Difficulties accessing CPD due to geographical location, time constraints, and lack of organizational support are frequently reported [2,4]. Inflexible delivery modes that do not cater to individual learning preferences or practice contexts are also barriers [4].

Relevance and Applicability: CPD that is not tailored to therapists' specific learning needs or clearly linked to practice is less likely to be applied [2]. Content must be regularly updated to keep pace with the latest evidence and practice developments [1].

Competing Demands: High clinical workloads leave little time for CPD and make it difficult for therapists to take leave to attend external activities [2,4]. CPD competes with other organizational priorities for resourcing [2].

Cost and Funding: The direct costs of CPD activities and the indirect costs of staff backfill are significant barriers, especially for solo and small practices [2,4]. Inadequate funding for CPD is an issue even in well-resourced settings [4].

Strategies for Enhancing CPD

Research suggests several strategies for designing and implementing more effective CPD for rehabilitation professionals:

Increasing Accessibility through Technology: Expanding online and virtual CPD options using technologies such as videoconferencing and web-based modules can improve access, particularly for those in remote locations [2,4]. Blended learning approaches that combine online and face-to-face elements are also promising [3].

Supporting Work-Learning Balance: Organizational policies that protect time and funding for CPD, provide backfill arrangements, and integrate learning activities into the workplace can significantly enable engagement [2,5]. Building a workplace culture that values ongoing learning is crucial [1].

Tailoring CPD to Specific Needs: Using needs assessments and co-design processes to target CPD to therapists' specific learning goals, career stage, and practice context will enhance relevance and motivation to change practice [1]. Mapping CPD activities to core competencies and professional development frameworks can help therapists plan personalized learning pathways [5].

Encouraging Active Learning: Utilizing interactive methods like case discussion, role play, and simulation supports active learning and skill development [1,3]. Incorporating feedback and reflection opportunities reinforces learning [5].

Providing Implementation Support: Establishing systems for therapists to develop action plans and providing coaching, mentoring, or peer support after CPD assists with overcoming barriers to translating learning into practice [1,5]. Conducting impact evaluations that collect data on patient outcomes and staff behavior change can build evidence for CPD effectiveness [2].

Implementing these strategies in Saudi Arabia will require consideration of local resources, policies, and infrastructure. Potential challenges include limited access to technology in some areas, heavy clinical workloads, and funding constraints. Collaboration between individual therapists, healthcare organizations, professional associations, and policymakers is essential to overcome these barriers and create a supportive environment for effective CPD.

Case Example: A Blended Learning Program for Rural Therapists

A study by Berndt et al. [4] evaluated a blended learning CPD program for occupational and physical therapists in rural Australia. The program combined online modules with face-to-face workshops and virtual peer support. Therapists reported high satisfaction with the flexibility and interactivity of the program. Significant improvements were found in confidence, knowledge, and self-reported application of skills in practice. Success factors included multimedia and active learning methods, peer networking opportunities, and workplace-based implementation projects with coaching.

This case example illustrates how a well-designed CPD program can overcome barriers of access, relevance, and implementation support for rural and remote practitioners. Similar approaches could be adapted for the Saudi Arabian context, considering local needs, resources, and partnerships. For example, online modules could be developed in Arabic and tailored to common clinical presentations and cultural factors in Saudi Arabia. Face-to-face workshops could be delivered regionally to minimize travel costs and time away from clinical practice. Partnerships between hospitals, universities, and professional associations could provide implementation support and evaluation expertise.

Conclusion

Occupational and physical therapists in Saudi Arabia face significant barriers to accessing and applying effective CPD. However, evidence-based strategies such as utilizing technology, supporting work-learning balance, tailoring content to specific needs, encouraging active learning, and providing implementation support can enhance the impact of CPD activities. Optimizing CPD will require collaboration and investment from individual therapists, healthcare organizations, professional associations, and policymakers. Conducting local research to understand the specific CPD needs and preferences of Saudi

therapists is an important priority. By enhancing CPD systems, Saudi Arabia can build a highly skilled rehabilitation workforce capable of providing quality, evidence-based care to meet the growing needs of the population.

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