

# Issues on Continuing Professional Development and Demographic Characteristics of Licensed Psychology Professionals in the Philippines: A Causal-Comparative Study

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**Abstract** –*This causal-comparative study is the second phase of the earlier work which sought to identify the issues and concerns of Filipino licensed psychology professionals on their continuing professional development (CPD) in terms of quality, availability, accessibility and relevance. This present study examined their demographic characteristics as related factors affecting their CPD issues. This involved 132 respondents comprised of 117 registered psychometricians; 7 registered psychologists; and 8 registered psychologist-psychometricians. Thirty-two acquired their license through the “grand father’s clause” and 100 have taken the examination/s. Also, majority of them work in administrative or managerial capacity; from the national capital region (NCR); and earn 16, 000 - 20, 000 pesos a month. Respondents’ demographic characteristics as to the type and manner they acquire their license/s, nature of work, and income presented a variation on their quality issues regarding CPD, whereas, place of residence and nature of work appeared to contribute with the challenges on CPD needs in terms of availability. From the findings of the study, viable strategies to address the CPD issues were recommended.*

**Keywords** –*continuing professional development, licensed psychology professionals, psychologists, psychometricians, training and development*

## INTRODUCTION

The continuous updating and lifelong learning of professionals is the topmost concern in delivering excellent services. In helping professions like psychology, training and development policies and activities that professionals pursue must address the needs and concerns of the clients and other stakeholders entrusted to their care [1]. Earley and Bubb [2] explained that professional development opportunities must be available for individuals to help them become better practitioners. Effective continuing professional development (CPD) is a complex and multi-dimensional concept that directs a person to improve their practice within the dynamics of local setting [3]. On an individual level, CPD is important because by nature, people are self-determined and interested in self-knowledge, growth, development, and freedom. Self-determination can be described as the capacity to both be aware of and critical of oneself and of the social and cultural context [4].

Many professions across the globe are now requiring continuing education of some form as a means of assuring quality control and accountability and as proof of competence for certification, licensure, and their renewal [5]. In the Philippines, the Republic Act (RA) 10912 [6] or the CPD Act of 2016 aims to enhance the competencies and qualifications of professionals for the practice of their professions pursuant of various national and international quality framework to ensure international alignment of professions through career progression mechanism leading to specialization or sub-specialization in response to the national, regional, and international labor market needs. As stipulated in the law, CPD is based on the Association of Southeast Asian Nations (ASEAN) Mutual Recognition Arrangement and the Philippine Qualifications Framework to “enhance and upgrade the competencies and alignment of competencies and qualifications of professionals through career progression mechanisms leading to specialization/ sub-specialization.” In other places like

in Georgia, USA, the determination of current CPD practices is critical for the creation of future continuing professional development opportunities that enhance competencies, address deficiencies, and increase the probability of best practices among professionals like school psychologists [7]. Attesting to the perceived value of CPD is the fact that many states now require a minimum hours of CPD for renewal of license [5].

This continuing education or professional development units can be met in a number of ways – by attending workshops, taking courses, undergoing additional specialized training, passing exams on selected professional reading material, and the likes. The purpose of these requirements is to ensure that professionals stay up to date on developments in the field, with the intention of maintaining or improving the standard of professional services they can provide for the clients. In the US, the National Association of School Psychologists (NASP) indicates that it is a professional obligation to remain updated regarding current developments in research, training and professional practices which is a requirement to renew the certifications for school psychologists [8]. In the Philippines, the Psychological Association of the Philippines (PAP) has already institutionalized a similar regulation for the certified psychology specialists prior to the implementation of law that regulates the practice of psychology profession in the country.

Moreover, in the Philippines, the licensing of psychology professionals is relatively new but it is the first member-country of the ASEAN to have policy regulation for the profession. In Hong Kong, the Hong Kong Psychological Society (HKPS) set up a working group for the preparation of their statutory registration of psychologists [8]. Through the virtue of the Philippine Psychology Act (RA 10029) which was approved in 2009, the first licensure examinations were conducted in 2014. Those who have been practicing in the field as psychologist or psychometrician before the law was conceptualized were given licenses without examination. RA 10029 [9] provides that there are various ways to grant the grandfather's clause or license without examination. In renewing licenses, most training programs are mandatory and are oriented toward a specific job or career stage. This necessity for life-long learning increases the importance of career development and planning efforts.

However, the implementation of the mandatory CPD results to some negative reactions from some concerned professionals. This is similar with what happened to Hong Kong when they established their

own licensure and CPD requirements. Some difficulties may be similar to those facing their counterparts in other parts of the world in establishing regulatory system for school psychologists [8]. Like for example, most African countries are continuing to experience new challenges in which health workers have limited opportunity to participate in continuing education and whether the continuing education is based on the guidelines for professional standards [10]. Similarly, Golnik [3] stressed that the tensions that arise at a personal level are knowing what to learn, where to find it, and how to record and measure it against peer groups and local standards. There was a very similar situation in the Philippines, as collected by Repaso [11] a group of psychometricians expressed their sentiments and disappointments to the national organization accredited by the Professional Regulation Commission (PRC) for psychology professionals. These difficulties and issues were related to membership to the organization (e.g., fees, renewal, fines and penalties, identification cards, benefits which can be derived from organization etc.); communication and information dissemination; annual convention; certificate of good standing for license renewal; limited number of CPD seminars; localized CPD activities; and other clustered concerns. The conflicts can be very intense if the management of the regulatory system do not understand and consider the current practices of their colleagues in CPD matters [8]. To somehow augment the needs of professionals related to costs and lack of opportunities to CPD programs, Piug and Angordans [12] mentioned that universities must assume at their basic mission of disseminating knowledge to new generations and to all of society thereby the Spanish Ministries of Health and Education and Culture have established the Continuing Education Commission of the National Health System. In the local setting, the PRC [13] calls for government agencies to apply for accreditation as CPD providers for their employees where no accreditation fee will be collected. This refers to the call for caution regarding ill-planned continuing education which requires an effort to improve these services [12].

Related studies captured a wide range of issues on CPD programs spanning form quality, suitability, relevance to accessibility and availability (i.e., [5], [8], [12], [14]). According to Golnik [3] effective CPD should be individually relevant, addressing learning gaps, produce change in the participants' practice and have no commercial bias. Moreover, the study of Puig and Angordans [12] concluded that continuing education programs should be systematized and in

consonance with official accreditation guidelines and objectives. They also emphasized the need to consider the location where the activities will be conducted. On the issue of accessibility, Cranton [4] discussed the trend of using online portals for continuing education for professionals, although she argued that it is more difficult to navigate than in face-to-face environment. A very similar study which was conducted among rural health care workers, revealed that respondents feels professionally isolated, there was a need to travel long distances to participate in continuing education, they felt that continuing education is not readily available to them, and they were not able to meet their continuing education needs [14]. In addition, the study of Fentahun and Molla [10] was able to identify the related factors to the opportunities for continuing education among health care professionals in Southwest Ethiopia. It was indicated that socio-demographic characteristics determined the differences in the continuing education opportunities, specifically nature of work load, monthly salary and length of service.

In the earlier work of Cabrera [15], licensed psychology professionals expressed their issues regarding CPD on the aspects of availability, accessibility, and relevance. Meanwhile, they are contented with the quality of CPD programs in the country although it is still not at par with the international standards. They also manifested the needs for face-to-face workshops, seminars and training and a strong desire to pursue advance studies. Program, training and module development was revealed to be an interesting self-directed CPD activity for them. While their interests and needs for specializations are in the fields of clinical, counseling, and school and guidance. Given this earlier results, the researcher find it necessary to continue the analysis of the data and find out what are the causative factors affecting their issues or needs on CPD. Hence, this study was undertaken.

#### **OBJECTIVES OF THE STUDY**

This study sought to identify the differences in the issues of Filipino psychologists and psychometricians on CPD along with their demographic characteristics. Hence, this research desired to provide empirical recommendations for the implementation of CPD programs.

Specifically, it sought to (1) determine the demographic characteristics of the respondents in terms of: (a) type and manner of acquiring license/s; (b) nature of work; (c) place of residence; and (d) monthly income; and (2) analyze the differences in the

respondents' issues regarding CPD programs in terms of (a) quality; (b) availability; (c) accessibility; and (d) relevance as grouped according to their demographic characteristics.

#### **MATERIALS AND METHODS**

##### **Research Design**

This study used a causal-comparative approach [16] to establish the cause and effect relationship between the demographic characteristics (i.e., categorical variables) and the issues on CPD of the respondents.

##### **Respondents**

Through the convenience of the use of online forms, 132 respondents representing 10 regions of the country were included in the study. Meanwhile, only those who acquired their license until 2016 were involved in the study. These areas were made accessible through the use of both printed and online versions of the researcher-made questionnaire that allowed wider dissemination among the target respondents.

##### **Instruments**

The researcher-made questionnaire included a demographic profile. Moreover, the questions pertaining to the issues are based on the related literature and studies reviewed by the researcher. Common themes that were included are quality, availability, accessibility and relevance of CPD programs and activities. Some of the actual statements are adapted from the works of Tysinger et al. [7] and Jukkala et al [14]. These were in form of negatively phased statements that required level of their agreement or disagreement in a 4-point Likert scale format. The 22-item questionnaire was subjected to content validation by three experts in the field of psychology who have doctorate degrees and licenses in the discipline and whose experiences covered both in teaching and in practice.

##### **Data Gathering and Ethical Considerations**

Printed forms were distributed to respondents in their respective schools, clinics or workplaces while online forms were uploaded and individually sent to various social media platforms where registered psychologists and psychometricians are available. An informed consent explaining the terms and conditions as well as the nature and scope of the research was executed.

**Data Analysis**

To make sense of the data, the researcher statistically analyzed the responses through Statistical Package for Social Sciences (SPSS) using appropriate test statistic that suits the nature of the variables of study with the assistance of expert statistician. Frequency count and percentage distribution was used to get the proportion of the demographic characteristics of the respondents. One-way analysis of variance (ANOVA) and t-test for independent samples were used to know the differences in the respondents’ issues regarding CPD along with their demographic characteristics. Weighted mean was used for post-hoc analysis.

**RESULTS AND DISCUSSION**

Table 1. Frequency and Percentage Distribution of the Respondents in terms of their Demographic Characteristics

License	Frequency	Percentage
<b>a. Type</b>		
Registered Psychometrician (RPM)	117	88.6
Registered Psychologist (RPsy)	7	5.3
Both RPM and RPsy	8	6.1
<b>b. Manner of Acquisition</b>		
Without Examination/Grandfather’s clause	32	24
Licensure Examination	100	76
Nature of Work	Frequency	Percentage
Teaching	32	24.2
Research	6	4.5
Administrative/ Management	41	31.1
Consultancy	3	2.3
Practice of Psychology	22	16.7
Multiple occupations	28	21.2
Place of Residence	Frequency	Percentage
NCR - Metro Manila	50	37.9
Region 1 – Ilocos	2	1.5
Region 2 – Cagayan Valley	5	3.8
Region 3 – Central Luzon	24	18.2
Region 4 – Southern Tagalog	44	33.3
Region 7 – Central Visayas	1	0.8
Region 9 – Zamboanga Peninsula	1	0.8
Region 10 – Northern Mindanao	2	1.5
Region 11 – Davao	1	0.8
Region 12 – Soccsksargen	2	1.5
Range of Monthly Income	Frequency	Percentage
10, 000 and below	11	8.3
11, 000 – 15, 000	30	22.7
16, 000 – 20, 000	31	23.5
21, 000 – 25, 000	20	15.2
26, 000 – 30, 000	17	12.9
31, 000 – 35, 000	12	9.1
36, 000 – 40, 000	2	1.5
41, 000 – 45, 000	2	1.5
46, 000 – 50, 000	2	1.5
above 50, 000	5	3.8
<b>Total</b>	<b>132</b>	<b>100</b>

Table 1 shows the distribution of the 132 respondents who participated in the study. In terms of type of license, 117 (88.6%) were registered psychometricians; 7 (5.3%) were registered psychologists; and 8 (6.1%) hold both types of licenses. Meanwhile, the manner they acquire their licenses showed that 32 (24%) were granted with license without examination through the “grand father’s clause” of RA 10029 and 100 (76%) have taken the examination to acquire their license.

Furthermore, the respondents’ nature of work revealed that in the field of teaching, there were 32 (24.2%); in research, there were 6 (4.5%); while 41 (31.1%) were in administrative or managerial positions; 3 (2.3) were in consultancy; and 22 (16.7%) were in actual practice. Meanwhile, 28 (21.2%) were engaged in multiple occupations, the combination of those earlier stated types of occupations. Meanwhile, their current place of residence indicated that out of the 132 respondents, 50 (37.9%) of them were from NCR or Metro Manila; 2 (1.5%) were from region 1 – Ilocos; 5 (3.8%) were from region 2 – Cagayan Valley; 24 (18.2%) were from region 3 – Central Luzon; 44 (33.3%) were from region 4 – Southern Tagalog; 1 (0.8%) was from region 7 – Central Visayas; another 1 (0.8%) was from region 9 – Zamboanga Peninsula; 2 (1.5%) were from region 10 – Northern Mindanao; another 1 (0.8%) was from region 11 – Davao; and lastly, the remaining 2 (1.5%) were for Soccsksargen.

Lastly, the range of monthly income (in pesos) of the respondents revealed that 11 (8.3%) were having a monthly income of 10, 000 and below; 30 (22.7%) have income ranging from 11, 000 to 15, 000; 31 (23.5%) earn 16, 000 to 20, 000; 20 (15.2%) were in the income bracket of 21, 000 to 25, 000; 17 (12.9%) were earning 26, 000 –to30, 000; and 12 (9.1%) were in 31, 000 to 35, 000 income bracket. Whereas, 2 (1.5%) were earning 36, 000 to 40, 000; another 2 (1.5%) were in 41, 000 to 45, 000 income bracket; 2 (1.5%) earn 46, 000 to 50, 000; and lastly there were 5 (3.8%) who were earning above 50, 000 in a month.

The same set of data was reported in the descriptive study of Cabrera (2019). Following a causal-comparative analysis, the following analyses were performed to identify the related factors to the CPD issues of the licensed psychology professionals which was not yet undertaken in the earlier study. Using t-test and ANOVA, and weighted mean for post-hoc analysis, the following data were revealed.

Table 2 indicates the differences in the respondents’ CPD issues as to the type and manner of acquiring their

license/s. Results revealed that there is a significant difference on issues related to CPD particularly in the aspect of quality between licensed psychologists and psychometricians ( $t=-3.091$ ;  $p=0.002$ ). It was also noted that the mean of the responses of registered psychologists (WM=3.43) is higher as compared to the mean of registered psychometricians (WM=2.53). This implies that registered psychologists have more quality concerns on CPD programs being offered.

Table 2. Differences in the CPD Issues of the Respondents along with the Type and Manner of Acquiring their License/s

Issues	Type of License	M	t	Sig. (2-tailed)
Quality	Psychometrician (RPm)	2.53	<b>-3.091*</b>	<b>0.002</b>
	Psychologist (RPsy)	3.43		
Availability	Psychometrician (RPm)	3.15	1.147	0.253
	Psychologist (RPsy)	2.86		
Accessibility	Psychometrician (RPm)	3.19	0.735	0.464
	Psychologist (RPsy)	3.05		
Relevance	Psychometrician (RPm)	2.64	-1.408	0.162
	Psychologist (RPsy)	2.98		
Issues	Manner of Acquisition	M	t	Sig. (2-tailed)
Quality	Without Examination	3.22	<b>4.576*</b>	<b>0.005</b>
	Licensure Examination	2.43		
Availability	Without Examination	2.98	-0.908	0.369
	Licensure Examination	3.12		
Accessibility	Without Examination	3.15	-0.105	0.917
	Licensure Examination	3.17		
Relevance	Without Examination	2.72	0.725	0.47
	Licensure Examination	2.63		

\*Significant at 0.05 level

The job of a psychologist compared to a psychometrician necessitates higher standard of practice. RA 10029 [9] requires at least a master's degree in order to qualify for licensure examination for psychologist. Despite of this, licensed psychologists still demonstrate a greater need for CPD activities. Fentahun and Molla [10] explained that increasing educational level generally results to increased responsibility. More so, psychologists work at applied settings such as psychiatric hospital, medical centers, university counseling centers, community mental health centers, schools, government agencies, substance abuse recovery centers, corporations, and other agencies that require mastery of skills [17]. Psychotherapy is the foremost activity of psychologists. Other activities include diagnosis or assessment, teaching, supervision, research writing, consultation and administration. On the other hand, a psychometrician's work at least in the Philippines is only limited to the administration and scoring of objective psychological tests and doing intake interviews [9]. Quite similar to this, the work of Jukkala et al. [14], physicians reported less available continuing education than their nursing counterparts.

Also, data showed that there is a significant difference in the responses of psychology professionals on CPD issues specifically in the aspect of quality ( $t=4.576$ ;  $p=0.005$ ). Post-hoc analysis manifested a greater concern among professionals who were granted with license without examination or through the grandfather's clause (WM=3.22) against the responses of those who took the exam (WM=2.43).

Those who have been practicing in the field as psychologists or psychometricians before the law was conceptualized were given licenses without examination. RA 10029 [9] provides various ways to grant the grandfather's clause or license without examination. For psychologists, these are for those who (1) obtained a doctorate degree in psychology and had accumulated three years of work experience in the practice of psychology; (2) obtained a master's degree in the field and have practiced for five years; and (3) psychologists or employees who hold positions as psychologists who are presently connected in various government or private agencies with bachelor's degree in psychology, ten years of work experience in the field, and professional education in psychology-related functions. Likewise, the said law implemented registration without examination for psychometricians who obtained a bachelor's degree in psychology and had accumulated a minimum of two years full time work experience in the practice of psychometrics.

The difference on their CPD issues can be attributed to the fact that those who did not take the examination were certified based on careful evaluation of their length of experience. Hence, they look for CPD activities with higher quality that can enrich their practice. Among health care professionals in the study of Fentahun and Molla [10], those with longer working experience were more likely to participate in continuing education than those with less than 2 years of experience. This shows that those who are more engaged in professional practice tend to look for more CPD engagements of higher quality.

Table 3 presents the differences in the CPD issues of the respondents when grouped according to the nature of their work or occupation. Interestingly, on the aspect of quality, there is another significant difference along with the respondents' nature of work ( $F=2.88$ ;  $p=0.02$ ). Further analysis showed that those who are into research have greater concerns with the quality of CPD programs (WM=3.1); also, those who are teaching (WM=2.888) as well as those with multiple occupations (WM=2.76). Meanwhile, those in the administrative

and managerial line of work (WM=2.37); and consultancy (WM=2.07).

Table 3. Differences in the CPD Issues of the Respondents when grouped according to their Nature of Work

Issues	Nature of Work	M	F	Sig.
Quality	Teaching	2.89	<b>2.88*</b>	<b>0.02</b>
	Research	3.10		
	Administrative/Management	2.37		
	Consultancy	2.07		
	Practice of Psychology	2.46		
	Multiple Occupation	2.76		
Availability	Teaching	3.34	<b>3.03*</b>	<b>0.01</b>
	Research	3.63		
	Administrative/Management	3.01		
	Consultancy	3.33		
	Practice of Psychology	2.94		
	Multiple Occupation	2.88		
Accessibility	Teaching	3.32	1.16	0.33
	Research	3.25		
	Administrative/Management	3.11		
	Consultancy	3.33		
	Practice of Psychology	3.14		
	Multiple Occupation	3.03		
Relevance	Teaching	2.58	1.06	0.39
	Research	3.11		
	Administrative/Management	2.72		
	Consultancy	2.50		
	Practice of Psychology	2.68		
	Multiple Occupation	2.54		

\*Significant at 0.05 level

Generally, those who are engaged into research look for CPD trainings that will address their career needs. With those in the teaching field, there is always the challenge to keep abreast of up-to-date information and advanced skills in order for them to be effective in classroom situations. The multi-faceted jobs of those having variety of career fields demand for a wider array of excellent CPD programs. Meanwhile, those in the administrative positions may not necessarily need CPD programs, the same the way, those in the consultancy jobs are the ones providing trainings in in-house workshops, and seminars.

A study involving school psychologists in Hong Kong found out that the topics of interests are in the areas in which they would like to further develop their skills and knowledge repertoire as school psychologists, which include therapeutic skills, intervention skills for learning difficulties, school consultations, and the likes [8]. Whereas, in another study, the CPD needs of school psychologists were in the areas of consultation and direct service while the skills needs are interventions for individuals and affective development [5]. In addition, 50% of their respondents expressed moderately high level of CPD in research, program planning, and evaluation.

In addition, there are differences on the availability issues among respondents coming from different work settings ( $F=3.03$ ;  $p=0.01$ ). It appears that those in the teaching field have more pressing issues on availability (WM=3.34) as compared to those who are in the actual practice (WM=2.94). Cranton [4] argued that continuing professional education for faculty at colleges and university were commonly focused on basic techniques and strategies, without acceleration moving into the domains of communicative or emancipatory knowledge and experiential learning.

Table 4. Differences in the CPD Issues of the Respondents when grouped according to their Place of Residence

Issues	Current Residence	M	t	Sig. (2-tailed)
Quality	NCR - Metro Manila	2.62	0.098	0.922
	Outside Metro Manila	2.61		
Availability	NCR - Metro Manila	2.90	<b>-2.523*</b>	<b>0.013</b>
	Outside Metro Manila	3.19		
Accessibility	NCR - Metro Manila	3.07	-1.602	0.112
	Outside Metro Manila	3.22		
Relevance	NCR - Metro Manila	2.64	-0.139	0.89
	Outside Metro Manila	2.65		

\*Significant at 0.05 level

Table 4 shows the significant difference in the CPD issues of the respondents along with their current place of residence. Data disclosed that there is a significant difference concerning availability issues on CPD between Metro Manila residents and those living in the provinces ( $t=-2.523$ ;  $p=0.013$ ). It can be seen that those living outside NCR or Metro Manila are having greater concern with the available CPD opportunities (WM=3.19) as compared to those residing in Metro Manila (WM=2.90). This is probably caused by the concentration of CPD providers in the main cosmopolitan region of the country which results to challenges such as the need to travel among professional coming from farther provinces. Those residing in the provinces or outside NCR felt that CPD opportunities were not readily available to them.

In a study about CPD activities in rural areas, participation in relevant and quality continuing education among health care professionals pose multiple barriers. Jukkala et al. [14] stated that rural areas have fewer resources that their metropolitan counterparts. Professionals reported feelings of geographical or professional isolation, unmet educational needs, and identified the need to travel long distances to participate in continuing education. Moreover, in another study, a large percentage of their respondents preferred CPD activities through extension

programs or distance education due to their lack of time and unavailability in their location [10].

Table 5. Differences in the CPD Issues of the Respondents when grouped according to the Range of their Monthly Income

Issues	Monthly Income	M	F	Sig.
Quality	10, 000 and below	1.96		
	11, 000 – 15, 000	2.04		
	16, 000 – 20, 000	2.45		
	21, 000 – 25, 000	2.50		
	26, 000 – 30, 000	3.40		
	31, 000 – 35, 000	3.27	15.241*	0.005
	36, 000 – 40, 000	3.10		
	41, 000 – 45, 000	3.70		
	46, 000 – 50, 000	3.80		
	above 50, 000	3.76		
Availability	10, 000 and below	3.29		
	11, 000 – 15, 000	3.06		
	16, 000 – 20, 000	3.17		
	21, 000 – 25, 000	3.00		
	26, 000 – 30, 000	3.34	1.441	0.18
	31, 000 – 35, 000	3.00		
	36, 000 – 40, 000	2.70		
	41, 000 – 45, 000	2.70		
	46, 000 – 50, 000	2.50		
	above 50, 000	2.44		
Accessibility	10, 000 and below	3.24		
	11, 000 – 15, 000	3.16		
	16, 000 – 20, 000	3.23		
	21, 000 – 25, 000	3.17		
	26, 000 – 30, 000	3.28	1.131	0.35
	31, 000 – 35, 000	3.06		
	36, 000 – 40, 000	2.83		
	41, 000 – 45, 000	2.92		
	46, 000 – 50, 000	3.25		
	above 50, 000	2.57		
Relevance	10, 000 and below	2.61		
	11, 000 – 15, 000	2.41		
	16, 000 – 20, 000	2.74		
	21, 000 – 25, 000	2.68		
	26, 000 – 30, 000	2.73		
	31, 000 – 35, 000	2.81	1.611	0.12
	36, 000 – 40, 000	1.92		
	41, 000 – 45, 000	3.00		
	46, 000 – 50, 000	3.50		
	above 50, 000	2.87		

\*Significant at 0.05 level

Finally, Table 5 presents the differences in the CPD issues and concerns of the respondents as grouped according to the range of their monthly income. Results revealed that there are differences in the issues on CPD on the aspect of quality among respondents of different income brackets ( $F=15.241$ ;  $p=0.005$ ). Furthermore, it is observable that high income-earner respondents demand for better CPD programs as indicated in the increasing means. As the income increases, the issues on CPD opportunities get higher. For instance, there is a lower mean ( $WM=1.96$ ) for those earning 10, 000 pesos and below while for those who earn 46, 000 to 50, 000 the mean gets considerably higher ( $WM=3.80$ ); leaning towards agreeing on the stated issues on CPD.

Fentahun and Molla [10] found out that financial constraint or funding source was the second most common factor for health care professionals not to participate in continuing education. Those professionals who were earning more were more likely to undertake advanced or continuing studies. However, studies (i.e., [5], [10]) showed that salary is not only a factor to participate in CPD activities but also an outcome. Fowler and Harrison [5] reported that CPD engagements resulted to increased salary and improved fringe benefits.

### CONCLUSION AND RECOMMENDATION

Although professionals will continuously acquire CPD regardless of their demographic characteristics, it is still sensible to distinguish the possible causative factors that prevent or motivate them to pursue continuing education. This study involving registered psychologists and psychometricians in the Philippines was able to uncover related factors contributing to their issues on CPD. Their demographic characteristics particularly the type and manner they acquire their license/s, nature of work, and income presented a variation on their issues in terms of quality, whereas, place of residence and nature of work appeared to contribute with the challenges brought by CPD needs in terms of availability.

Registered psychologists, especially those who were granted license/s without examination through the grandfather's clause, with the wide array of services they offer, look for more quality CPD activities that may improve their practice. Also, those working as researchers demand for high calibre and available CPD opportunities. The same way, professionals outside Metro Manila call for more readily available CPD engagements. Lastly, those professionals who are earning less desire for more valuable CPD programs.

In the light of the conclusion, it is recommended that CPD providers strategically program their trainings and seminars across the different regions of the Philippines and the Professional Regulatory Board (PRB) of psychology through the PRC may issue guidelines on the reasonable costs and substantial content and pedagogy of CPD offerings. Furthermore, given the limitations of this present research, future studies may be undertaken since there have been new amendments in the CPD law. Likewise, studies involving other groups of professionals, with other factors like family responsibilities, motivation, etc., and more sophisticated methodology may be conducted.

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