

## PART 2: CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION

As pharmacists assume the increased responsibilities demanded in new roles, they must also make a corresponding commitment to improve their professional competence<sup>1</sup>. Indeed the past four or five decades have seen an explosion of new knowledge relevant to the practice of pharmacy. In addition, particularly in the past decade, there have been vast changes in the practice of pharmacy. Keeping knowledge and skills up to date and addressing new concepts in the delivery of pharmaceutical services have been major challenges for pharmacists.

Healthcare professionals are expected to meet patients' requirements for better and more accessible services, optimising the benefit they gain from their medicines, and reducing drug-related problems, while making the best use of pharmacists' skills and knowledge within a multidisciplinary team.

Competence is the first and most fundamental responsibility of all health care providers and must be reinforced throughout the years of practice. After the degree is conferred, continuing professional education is the only real guarantee of the optimal quality of healthcare providers<sup>1</sup>. Maintaining competence throughout a career during which new and challenging professional responsibilities will be encountered, is an ethical requirement for all health professionals<sup>2</sup>. FIP has recognised this responsibility in its Code of Ethics for pharmacists "to ensure competency in each pharmaceutical service provided by continually updating knowledge and skills"<sup>3</sup>.

The pharmacy degree is not an end point but the attainment of a standard. In the FIP Statement on Good Pharmacy Education, it is stated that continuing professional development must be a lifelong commitment for every practicing pharmacist<sup>4</sup>.

The concept of Continuing Professional Development (CPD) was proposed as a culture of lifelong learning in which learning programmes are used to identify and meet the learning needs of individual health professionals. CPD can be defined as "the responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers."<sup>2</sup>

It must be an ongoing and cyclical process of continuous quality improvement by which pharmacists seek to maintain and enhance their competence in both current duties and anticipated future service developments.

It is important to differentiate CPD and Continuing Education (CE). The latter can be defined as structured learning experiences and activities in which pharmacists can engage after they have completed their academic education so as to improve knowledge, skills and competencies. Comparatively, CPD requires pharmacists to take personal responsibility for the identification of their learning and development needs and, importantly, for subsequent evaluation of their success in meeting those needs.

In CPD, CE is just one component of the learning experiences in which pharmacists are being encouraged to engage.

FIP strongly recommends national pharmaceutical organisations to take action to ensure that pharmaceutical education, both pre-university and post-university qualification, is designed to equip pharmacists for the roles they have to undertake in community and hospital practice<sup>5</sup>.

### 2.1 CPD AND CE SURVEY RESPONDENTS

Seventeen countries responded to the CPD/CE survey following up from the Pharmacy Workforce survey. These countries represent all six of the WHO regions. Only three countries specifically identified their systems as being CPD systems (Japan, Portugal and the United Kingdom).

Table 2. Respondent countries according to WHO regions:

Africa (2)	Eastern Mediterranean (3)	Europe (5)	Americas (3)	Western Pacific (3)	South East Asia (1)
Kenya Zambia	Cyprus Iraq Israel	Finland France Malta Portugal United Kingdom	Brazil Canada United States of America	Japan Singapore Taiwan	Nepal

## 2.2 MANDATORY CPD AND CE

A total of 37 countries, from both the Pharmacy Workforce Survey and the CPD/CE survey, responded to the question on whether CPD and/or CE is mandatory for pharmacists. Results showed that CPD and/or CE is mandatory in 9 countries and not mandatory in about 28 countries.

From the responses of the survey, we observe that many countries are in various developmental stages of CPD and CE implementation. The scenario can be unique in certain countries. For example, in Denmark there is no obligation for CPD or CE to renew or maintain pharmacist registration, however, Pharmakon ([www.pharmakon.dk](http://www.pharmakon.dk)) is the central institution for providing CE programmes for pharmacists. Also the Danish University of Pharmaceutical Sciences ([www.dfuni.dk](http://www.dfuni.dk)) also offers a range of learning activities.

Embracing CPD will put pharmacists in a learning mode on a day-to-day basis; they will no longer separate learning from practice. Informal learning must be integrated into structured learning to meet identified specific learning and development needs in the CPD cycle<sup>2</sup>.

There are questions that need to be asked to ensure effective mandatory CPD:

- Does it adequately address the learning needs of pharmacists?
- How can pharmacists access learning?
- Are we promoting learning or gathering hours?
- Are all required competencies for pharmacists addressed?
- How do we show evidence of practice change?
- How can we minimise fraudulent reporting?<sup>6</sup>

Governments (national and sub-national pharmacy boards) were responsible for regulating CPD and CE for pharmacists in 7 of the respondent countries. In countries that had more than one pharmacy regulatory board, respondents were asked to explain the relationships between them. Information collected on the regulatory boards and CPD and CE systems can be referred in appendix 5.

Responses also showed that 7 of the CPD and CE systems were credits-based.

There is a wide variety of CPD and CE providers and most commonly, learning programmes are provided by national

pharmaceutical associations, pharmacy boards, universities, teaching hospitals and pharmaceutical companies. In some countries like Finland, there are specialised pharmaceutical learning centres for training pharmacists like The Palmenia Centre for Continuing Education ([www.helsinki.fi/palmenia/english/](http://www.helsinki.fi/palmenia/english/)).

The establishment of CPD and CE standards and accreditation of providers vary from country to country and here we note some of the unique situations in these countries.

- In Canada, the provincial regulatory authority and/or the Canadian Council for Continuing Education in Pharmacy accredits CE programmes for pharmacists. The former is responsible for provincial programmes while the latter is responsible for national programmes.
- In Finland, each of the CE providers has set their own standards. For example, the Pharmaceutical Learning Centre and the universities provide most of the CE programmes for pharmacists and they follow their own standards.
- In Zambia, a standard for CE providers has yet to be established.
- In Portugal, each CPD activity is subject to a standards-based evaluation of its quality standards by the Portuguese Pharmaceutical Society. These encompass the definition of learning objectives, programme content and educators, applicability and relevance to practice, among others.

The data also indicated that only three countries have mandatory accreditation of their CPD and CE providers.

## 2.3 INCENTIVES

The most common incentive for pharmacists to undergo CPD or CE is the renewal of a license to practice as a pharmacist in the country. In some provinces of Canada, pharmacists require proof of completion of a minimum number of hours of CE to renew their license. In some other provinces, during a quality assurance process, pharmacists may be required to have their learning portfolio reviewed.

In Finland, there are long-term professional development programmes for community pharmacists and these programmes aim to upgrade practicing pharmacists in management, busi-

ness and professional skills. In Finland, a license from the National Agency for Medicines is needed in order to own a retail pharmacy and if there are several applicants for a pharmacy ownership license, it shall be granted to the applicant who may be considered the best qualified to operate the pharmacy. When a pharmacist has received a certificate for undertaking professional development programmes, he/she usually has a better chance in owning a pharmacy.

In the United Kingdom, CPD is linked to registration and practising status. Pharmacists must sign a declaration to do CPD annually if they register as practicing pharmacists.

In Israel, certificates are issued. Negotiations are underway for the Managed Care Organisations (MCO) to better remunerate pharmacists who have completed CE courses.

## 2.4 PENALTIES

In most countries with mandatory CPD and/or CE, a failure to complete the requirements for CPD or CE often results in the inability to renew a pharmacy practice license or risk being struck off the pharmacy register.

In Kenya, in the event that a pharmacist does not comply with the CPD requirements, the Pharmacy and Poisons Board (PPB) may impose any or more of the following:

- Requiring the pharmacist to follow a remedial CPD programme.
- Requiring the pharmacist to write an examination.
- Registering the pharmacist in a category that requires supervision.
- De-registering the pharmacist.

Pharmacists who find difficulties in performing CPD may be supported in the United Kingdom with remedial programmes. In Portugal, pharmacists may have to undertake an extensive examination to maintain a license to practice or undergo a disciplinary action and be suspended from practice.

## 2.5 CPD AND CE LEARNING PORTFOLIOS

Only four countries have specialised CPD/CE toolkits or portfolios for pharmacists undergoing CPD.

We recognise three important features of CPD<sup>7</sup>:

- CPD is practitioner-centred and self-directed
- CPD is practice related
- CPD is outcomes orientated

In our literature search we found little evidence relating to the use of portfolios in self-directed learning outside a formal scheme of study. There was a study done in the University of Wales on piloting a toolkit to aid portfolio building. This project was based on qualitative methods using focus groups to explore the experience of 14 pharmacists using a “portfolio development toolkit”; a pack designed to help them start a CPD portfolio. The pack promotes a number of specific approaches to key aspects of the CPD process<sup>8</sup>.

For more detailed information on each country’s CPD and CE system, see appendix 5.

## REFERENCES

1. American Society of Hospital Pharmacists (ASHP) statement on continuing education. *American Journal of Hospital Pharmacy*. 1990; 47:1855.
2. International Pharmaceutical Federation. FIP statement of professional standards on continuing professional development. 2002 Sept. Available at: [www.fip.org/pdf/CPDstatement.pdf](http://www.fip.org/pdf/CPDstatement.pdf)
3. International Pharmaceutical Federation. FIP Statement of professional standards: Code of Ethics Pharmacists, New Orleans, 2004. Available at: [www.fip.org](http://www.fip.org)
4. International Pharmaceutical Federation. FIP Statement on Good Pharmacy Education, Vienna 2000. Available at: [www.fip.org](http://www.fip.org)
5. International Pharmaceutical Federation. FIP Statement on Standards for Quality of Pharmaceutical Services - Good Pharmacy Practice in Community and Hospital Settings. Tokyo 1993, 1997. Available at: [www.fip.org](http://www.fip.org)
6. The Accreditation Council for Pharmacy Education (ACPE). Available at: [www.acpe-accredit.org](http://www.acpe-accredit.org)

7. M. Rouse, Continuing professional development in pharmacy. *American Journal of Health-System Pharmacists*. 2004; 61: 2069-76
8. G. Thompson, Supporting continuing professional development for pharmacists: Piloting a toolkit to aid portfolio building. 2001. Available at: [www.cf.ac.uk/phrmy/WCPPE/articles/CPD/CPD.html](http://www.cf.ac.uk/phrmy/WCPPE/articles/CPD/CPD.html) Accessed 14 February 2006.