
FIP STATEMENT OF POLICY CONTINUING PROFESSIONAL DEVELOPMENT

INTRODUCTION

Acquiring, developing and maintaining professional competence throughout a professional career, during which new and challenging professional responsibilities and changing healthcare situations will be encountered, is a fundamental professional and ethical requirement for all health professionals, including pharmacists.

FIP has recognised this fundamental professional and ethical requirement of pharmacists:

- In its Statement of Policy on quality assurance of pharmacy education¹;
- In its Code of Ethics for pharmacists² (“to ensure they maintain competence through continuing professional development”);
- In its reference guide on Good Pharmacy Practice in Community and Hospital Settings³ (“pharmacists in each practice setting should accept personal responsibility for maintaining and assessing their own competence throughout their professional working lives”) and (“national pharmaceutical organisations should also take action to ensure that pharmaceutical education, both university and post-university qualification, is designed to equip pharmacists for the roles they have to undertake in community and hospital practice”);
- In its Statement on Good Pharmacy Education Practice⁴; (“Continuing Professional Development must be a lifelong commitment for every practising pharmacist”).

This statement on continuing professional development (CPD) establishes a framework within which the obligations set out in the statements and guidance listed above can be met.

Pharmacists are healthcare professionals whose professional responsibilities are to ensure the safety and quality of medicines provided to patients and the public. However,

¹ International Pharmaceutical Federation. FIP Statement of Policy on Quality Assurance of Pharmacy Education and Pharmaceutical Sciences Education. The Hague: FIP, 2022. Available at: <https://www.fip.org/file/5242>

² FIP Statement of Professional Standards – Code of ethics for pharmacists. FIP, 2014. Available at: www.fip.org/statements

³ FIP reference guide on good pharmacy practice in community and hospital settings, 2009.

⁴ FIP Policy Statement on Good Pharmacy Education Practice, Vienna 2000.



pharmacists' roles continue to expand beyond the traditional product-oriented functions of dispensing and distributing medicines and health supplies to more patient-oriented care, public health services (immunisation, health promotion and disease prevention and non-pharmacological interventions) and social activities towards the community.

These roles and responsibilities require pharmacists to keep abreast of developments in pharmacy practice and behavioural aspects of human healthcare issues, evidence-based studies, pharmaceutical sciences, professional standards requirements, the laws governing pharmacy and medicines, and advances in knowledge and technology.

Through CPD, pharmacists need to maintain and develop competence relevant to their current and future areas and level of professional practice. This must encompass future and expanded roles that are concordant with changing population and community needs.

Pharmacists are expected to be prepared for emergency response, social and humanitarian activities and to provide services to vulnerable populations (e.g. during natural or man-made disasters, including wars; pandemics; environmental changes and climate change). Pharmacists are also pivotal in developing local and national health policies through professional and public health associations.

Patients and the public have a right to be confident that health professionals providing healthcare remain competent and fit to practise through the exercise of the profession and that the healthcare advice they provide is trustworthy and evidence-based. They will expect governments, accreditation agencies and other pharmacy bodies with a legitimate interest to seek assurances that regulatory bodies are taking the necessary action to achieve this goal.

Despite wide variations existing among regulatory bodies across countries on licensure requirements, nature of credits, CPD guidelines and activities, an individual's commitment to CPD — and their intrinsic motivation to participate in it — is vital and must be supported by regulatory and professional bodies.

FIP defines **continuing professional development (CPD)** 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”.⁵

CPD is an ongoing, cyclical process involving self-appraisal (reflection), developing a personal learning plan, taking action or implementing the learning plan, evaluation and application. CPD is a self-directed, systematic and outcome-focused approach to lifelong learning that entails different stages geared towards supporting a professional to maintain and enhance their competence in both current duties and anticipated future service developments.⁶

⁵ International Pharmaceutical Federation – FIP (2014). Continuing Professional Development/Continuing Education in Pharmacy: Global Report. The Hague, The Netherlands: International Pharmaceutical Federation.

⁶ Accreditation Council for Pharmacy Education (2015). Guidance on Continuing Professional Development (CPD) for the Profession of Pharmacy. Cited on 25 April 2022. Available: [here](#)



Continuing education (CE) refers to a structured educational activity designed or intended to support the continuing development of pharmacists to maintain and enhance their competence.⁵ Hence, CPD is more than just participation in CE, which, on its own, does not necessarily lead to positive changes in professional practice or necessarily improve healthcare outcomes.⁷ Instead, CPD should be relevant to pharmacists' current and future areas of practice and to the societies they serve.

CE is, however, an important part of a structured CPD programme that ideally should be personalised for each pharmacist. Personalisation recognises that pharmacists may be at different stages of their careers, involved in various levels of practice and within different settings, including direct patient-centred care, supply chain management, provision of medicines and related advice, medication safety within the medicines use process, and many more in the different areas of the pharmacy profession. Thus, the plan for CPD will depend on a pharmacist's area of practice, specialisation and career stage. The process should be visible to ensure credibility with the public.

CPD must be actively managed to be effective and includes:

- Reflection (self-appraisal);
- Personal plan (planning);
- Learning;
- Evaluation; and
- Application.

An illustration of the cyclical programme, with appropriate details, is described in the Annex.

This FIP Statement of Policy is intended to support governments and policymakers, FIP member organisations, pharmacy academic institutions, CPD providers and individual pharmacists wishing to advance the provision and implementation of CPD.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Government agencies and policymakers should:

1. Develop legislation and professional regulations to establish mandatory CPD activities for pharmacy professionals across all spheres of the profession to:
 - Promote the provision of evidence-based pharmaceutical care, which complies with universal norms and values, to achieve positive therapeutic outcomes for the health and quality of patients' lives.
 - Support pharmacists in their lifelong learning and evidence-based counselling.

⁷ Evans A, Ali S, Singleton C, Nolan P, Bahrami J (2002). The effectiveness of personal education plans in continuing professional development: an evaluation, *Medical Teacher*, 24:1, 79-84, DOI: 10.1080/00034980120103478



- Uphold and safeguard the public's right to globally acceptable pharmacy practice standards as well as safe, timely and effective care.
 - Maintain and enhance the reputation of the pharmacy profession and the integrity of persons practising that profession.
 - Require professionals to be accountable for their actions and to demonstrate their competence on an ongoing basis.
 - Support the requirement of mandatory CPD linked to a periodic review of professional registration or licence (renewal, reregistration, relicensing).
 - Encourage leaders of pharmacy practice sites to provide and support CPD opportunities for pharmacists at those sites where patient populations, processes and procedures are specific to scope of practice.
2. Promote the establishment of quality assurance frameworks and systems to support CPD activities.
 3. Promote the establishment of a credentialing body that manages CPD frameworks and standards, accredits CPD content, and monitors compliance for individual practitioners. Each health profession must be represented within this body to ensure a framework is adapted to the specificities of each profession/job.
 4. Set the criteria for the assessment of compliance with the requirements of CPD and appoint assessors and appraisers to assess the participation and recording of CPD activities. Involvement with professional organisations and academia is essential to bridge the gap between CPD/CE and continuous practice.
 5. Promote a firm, consistent, and transparent CPD framework for pharmacists, recognising that collaboration between governments, pharmacy profession-related organisations and pharmacy schools is essential.
 6. Provide adequate quality standards for CE providers and be part of any accreditation system of such content, if applicable.
 7. Where government and policymakers are CPD providers:
 - CPD modules to be adjusted to non-traditional spheres of pharmacy practice such as supply chain, military, technology, and policy development, for CPD to have an impact on these niche practice areas.
 - Ensure appropriate budgetary provisions for CPD. Quality resource persons, materials, and logistics for the provision of CPD require funding. If such funding is well utilised, it adds direct value to the pharmaceutical workforce and resulting pharmaceutical care.



FIP member organisations and national pharmaceutical associations in co-operation, where appropriate, with schools and faculties of pharmacy and other education providers should:

1. Establish national learning priorities based on national needs and health workforce planning, modelling and strategy.
2. Develop an effective CPD strategy based on the country's disease profile, health-related challenges and communities' needs.
3. Motivate pharmacists to partake in CPD by demonstrating the impact of participation of CPD in improving individual competence, and by designing an autonomous supportive system.
4. Raise awareness on appropriate learning frameworks for personal development plans and recording systems for CPD.
5. Develop in-practice and needs-based CPD and CE programmes linked to career development pathways and practice frameworks across all settings of practice and all stages of a pharmacist's career.
6. Provide information and share resources for CE programmes, which are based on the competencies required of the pharmacists to practise safely and effectively.
7. Provide and support opportunities for CPD by facilitating the provision of a wide range of CE programmes in a variety of formats and that address the different levels of practice that pharmacists are involved in.
8. Encourage workplaces to make CPD accessible through providing time, opportunities, resources and financial support, and build CPD requirements as part of pharmacists' performance appraisal and career progression.
9. Develop a documentation tool specific to the country, territory or organisation that pharmacists can use to identify and submit how they met the components of CPD.
10. Ensure that opportunities and support are available for individual pharmacists to learn how to draw up SMART (Specific, Measurable, Achievable, Realistic and Timed) plans for a personalised programme of CPD.
11. Establish effective and easy-to-apply mechanisms for individual evaluation and documentation of the impact of all types of CPD activities, such as questionnaires, checklists, rating scales, self-assessment tests, coaching and direct assessment.

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12. Establish quality assurance systems for CPD activities against the learning objectives using appropriate techniques such as the Deming cycle (Plan, Do, Check, Act).
13. Ensure that professionals receive in-person CPD training, where necessary, in a conducive and suitable environment appropriate for learning to ensure assimilation.
14. Work with either the national regulator, statutory council, policy makers or government to ensure the profession participates in the development of CE/CPD regulations and encourage adherence to such regulations to avoid penalties and fines for non-compliance.
15. Promote excellence in patient care and professional standards.

CPD providers should:

1. Generate new evidence and knowledge around CPD and research to inform best CPD practices.
2. Establish the cycle of CPD and case studies as part of undergraduate pharmacy education and establish peer learning and evaluation approaches early on in the educational journey. This is about instilling a CPD culture in academic institutions.
3. Ensure that educational programmes are based on the various learning needs of pharmacists, pharmaceutical scientists and educators according to local needs, and comply with best practices.
4. Design, implement and assess educational interventions to bring effectiveness to learning. This includes implementing self-assessment and monitoring tools aimed at identifying gaps, promoting strategic planning and the overall improvement of learning processes.
5. Comply with national standards to ensure systems are in place to support accuracy of content, learning and development and assessment of pharmacists' abilities to meet performance expectations.
6. Comply with national standards to ensure transparency, credibility, and accountability of CPD programmes and systems.
7. Comply with the FIP criteria for providers of programmes to ensure CPD programmes are aligned with the federation's global mission to advance pharmacy, quality requirements and the FIP Development Goals.
8. Comply with the FIP criteria for accreditation agencies to ensure CPD accrediting organisations align with the federations' global mission to advance pharmacy, quality criteria and the FIP Development Goals.



Employers should:

1. Foster a CPD culture in their workplace by providing time, technical and financial resources to support education and training activities.
2. Provide adequate orientation time for training new employees regarding the specific practices of their organisation.
3. Advocate, wherever necessary, CPD for their staff.

Pharmacists should:

1. Reflect, assess learning and development needs, and identify gaps in their knowledge, skills and attitudes.
2. Plan and implement learning programmes according to nationally and regionally established competency frameworks.
3. Apply learning in practice.
4. Record and evaluate the resulting improvements in their professional practice going forward (implementation) and seek peer discussions and support, where possible.
5. Provide proof of completing CPD actions to regulatory authorities.

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AGAINST THIS BACKGROUND, FIP COMMITS TO:

1. Develop strategies aligned with global strategies and sustainable healthcare goals, to promote, among its members, the importance of high-quality and relevant CPD programmes and systems to ensure an adequate, adaptable, competent and well-distributed pharmaceutical workforce that supports access to and rational use of safe, effective medicines.
2. Encourage international collaboration via pharmacy associations to close education and training gaps between nations and communities through quality and needs-based CPD strategies.
3. Promote effective, needs-based and evidence-driven CPD strategies for the advancement of the pharmaceutical workforce based on national and local priorities.
4. Develop indicators to measure the implementation of the workforce element of FIP Development Goal 9 (CPD strategies).



5. Promote the FIP Seal⁸ for providers of programmes (CPD), affording an opportunity to self-assess on quality of education and training as well as on alignment with the global mission to advance pharmacy everywhere.
6. Promote the FIP Seal⁸ for accreditation agencies (of pharmacy education including CPD) to provide assurance of quality and in alignment with the global mission to advance pharmacy everywhere.
7. Promote the collaborative development of programmes to support professional development across all settings of practice and all stages of a pharmacist's career.
8. Promote education and research in CPD strategies and self-directed behaviours to be embedded from initial education.
9. Advocate the development of programmes to support return of pharmacists to practice after career breaks or sector changes, and to support pharmacists in different career stages when transitioning between different settings or stages.
10. Identify and celebrate member organisations and countries that have successfully advocated and implemented quality-assured CPD models to advance the capabilities of the workforce and where these have demonstrably improved patients and health system outcomes. In addition, support these members to share their learnings and strategies with other countries and member organisations.
11. Encourage use of FIP frameworks and tools to support and guide professional development initiatives, programmes and training, including the [FIP Global Competency Framework for Early Career Training Strategy](#) and the [FIP Global Advanced Development Framework](#).
12. Encourage international and national collaborations, including cross-sector and multidisciplinary collaborations, to facilitate exchange of information, by those involved at national level in all aspects of CPD programmes.
13. Ensure validity of this policy statement following FIP Rules of Procedure.

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CONCLUSION

Commitment by all practising pharmacists to participate in structured CPD is essential. In the care of patients, contemporary and competent practice will require continuous improvement in knowledge, skills and attitudes. This ultimately reflects on professional behaviour. As well as demonstrating professional commitment, participation in structured CPD will improve pharmacy's reputation, improve pharmacists' knowledge

⁸ The FIP Seal is a visible sign of quality and alignment with FIP's mission to advance pharmacy worldwide. The seal is awarded to programmes and accreditation agencies that meet the FIP criteria for quality.



base, provide flexible career choices, enhance career satisfaction and, ultimately, improve patient care and outcomes.

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Available at: <https://www.fip.org/file/5242>

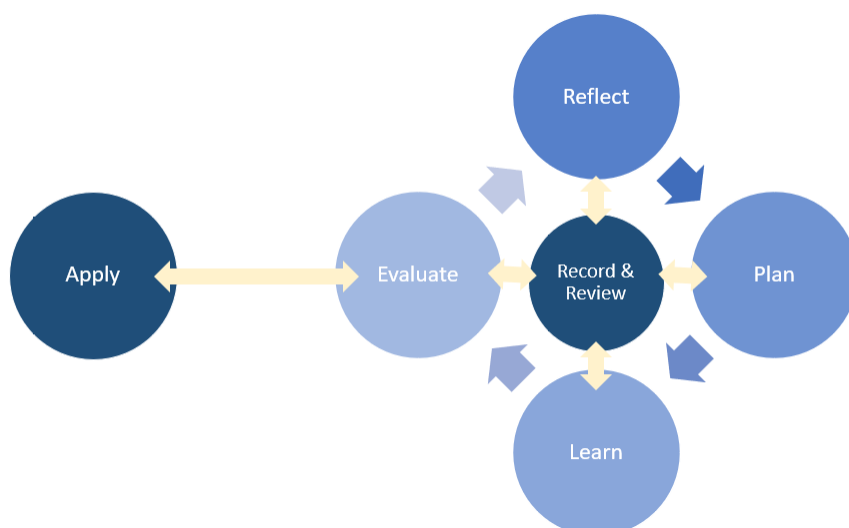
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Annex

CONTINUING PROFESSIONAL DEVELOPMENT PROCESS



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The continuing professional development cycle.⁹ The first pass through the CPD cycle results in evaluation of learning; the second is evaluation of outcomes and impact of learning

Defining of steps

1. **Reflect:** identification of CPD needs may be accomplished by one or more of the following:
 - Personal assessment (by critical self-reflection)
 - Performance review conducted with supervisors and seeking feedback from peers and co-workers.
 - Requirements of professional or health authorities.
 - Competency standards/frameworks for pharmacists

⁹ Adapted from: Accreditation Council for Pharmacy Education (2015). Guidance on Continuing Professional Development (CPD) for the Profession of Pharmacy. Cited on 25 April 2022. Available: [here](#)



2. **Plan:** identify resources and actions required to meet personal CPD needs and timelines.
3. **Learn:** participate in CPD (including presentations, tutoring, formal and informal meetings, workshops, short courses, teaching, talking with colleagues and experts, mentoring, formal education programmes and self-study, among other methods).
4. **Record and review:** keep records of all CPD activities (including session notes, presentations, updated standard operating procedures, minutes of staff meetings, etc) completed and provide that documentation when required.
5. **Evaluate:** evaluate personal benefit and benefit to patients from participation in any significant CPD activity. The following questions should be asked and answered:
 - Were the addressed needs met? If not, why?
 - How has practice improved? What changes were made?
 - How have patients, stakeholders and healthcare providers or systems benefited?
 - Did learning breakdown? If so, why?
 - What is my learning gap? Is it something personal or professional?
6. **Apply:** Create opportunities where theory can be translated into practice and share learning in communities of practice to generate greater insight and benefit from the support of the community. Measure the overall impact of learning has had on the work.
7. Then re-enter the cycle to ensure continuing professional development.