Continuing professional development goes hand-in-hand with pharmacy practice

In the first of this three-part series,[1] I discussed the way pharmacists and nurse prescribers could be assessed as being competent for their new prescribing role. Briefly, the taught course is assessed through multiple choice questions, short answer questions and objective structured clinical examination while the 12 clinical days are assessed through a case-based discussion and a portfolio of practice. In this second article I will look at continuing professional development and conclude with some thoughts on revalidation, specifically of the prescribing element of the pharmacist's professional career, which will form the main theme for the concluding article in this series.

Continuing education and continuing professional development

What is the difference between continuing education (CE) and continuing professional development (CPD)? Put simply, CE is largely a passive activity, such as attendance at conferences and courses. This suits many people as a way of keeping up-to-date in general areas. It does not require any specific act on the part of the person being educated, but it may not meet the individual's or the organisation's specific needs for the tasks in hand. CE can have important updating elements, which can be used by the organisation or the individual in day-to-day activities. On the other hand CPD is an active process, which involves not just attending a training event, but choosing the right one for the individual's or organisation's needs and reflection as to how this might change practice. From CE, therefore, a greater or consolidated knowledge should develop and from CPD action plans should be produced.

CPD is a cyclical process of reflection on practice — which can be used to identify gaps — planning, action and evaluation (reflection on learning). It includes everything that a pharmacist learns that makes them better able to do their job, but should be based on what they need to do to fulfil a role, reflecting on this and creating an action plan for future activity. It is the process through which health care professionals continuously enhance their knowledge, skills and personal qualities throughout their professional careers. It is suggested that CPD is a four-stage cycle (Figure 1) involving:

- identifying training needs (reflection)
- deciding how to meet these training needs (planning)
- taking part in training activities (action)
- evaluating performance (evaluation).

In the Chief Medical Officers report on CPD[2] the core principles were said to be:

- purposeful and patient-centred
- participative, involving the individual and other stakeholders.
- targeted at identified educational need
- educationally effective

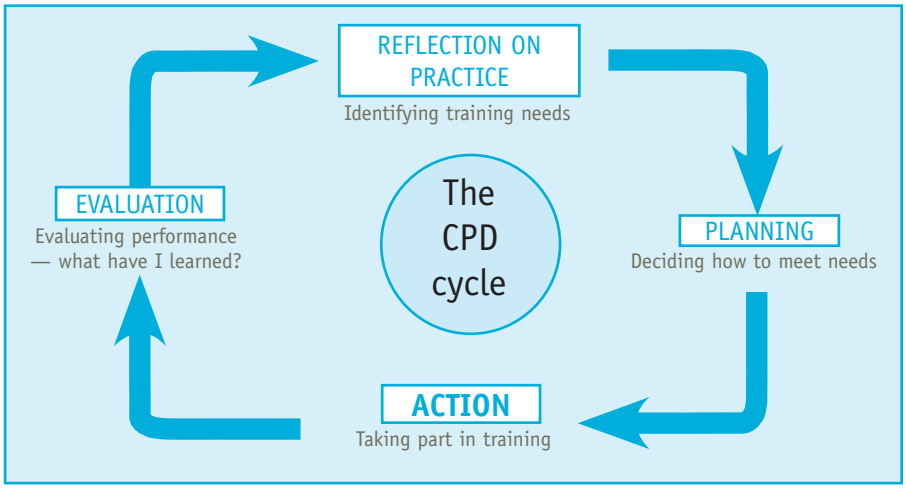

Figure 1. The CPD cycle is a four-stage cycle

We are undergoing CPD in many ways throughout our career. By writing down what we need to learn to perform a new activity and reflecting on it we have undertaken a form of CPD.

- part of a wider organisational development plan in support of local and national service objectives
- focused on development needs of clinical teams across traditional professional boundaries
- designed to build on previous knowledge, skills and experience
- designed to enhance the skills of interpreting and applying knowledge based on research and development.

CPD is a process of lifelong learning for all individuals and teams, which meets the needs of patients and delivers the health outcomes and health care priorities of the NHS, and which enables professionals to expand and fulfil their potential.[3]

Partnerships with the organisation

CPD needs to be a partnership between the individual and the organisation[3] whereas CE can be undertaken for interest only. CPD must have a basic underlying need — by the individual or organisation, or both. The need of the individual to make them better able to complete their role in the organisation is linked to the need of the organisation for that individual to better fulfil the roles required of them.

If there is too much direction by the organisation the individual can feel disenfranchised or out of control, and pressured into completing tasks they do not always feel comfortable with. Too much dominance from the individual can lead to resources being consumed without enhancing the effectiveness of the organisation or the roles considered important by them. CPD must be a partnership between the individual — and their needs — and those of the organisation.

CPD seeks first to establish gaps in an individual's current level of knowledge, skills and competence or an organisation's needs. The gaps usually start the process. Opportunities then need to be identified for career and personal development and to develop additional skills that will be needed to carry out current tasks or the proposed new tasks of the organisation.

Aims and objectives of the proposed CPD process need to be identified, and before engaging in any new CPD, managers and the individual should evaluate the relevance of the specific CPD suggested. Resources, including time, need to be allocated and this is often a stumbling block to enhancing services and individual development.

Gaps in knowledge

By understanding the requirements of, and reflecting on the gaps in the pharmacists' knowledge and skills, CPD can be undertaken to fulfil the requirements imposed by the professional bodies and — more importantly — the needs of the patients.

Undertaking a structured framework for CPD ensures the pharmacist operates in a systematic manner rather than randomly attending courses as they are offered. CPD should not only cover subject-specific needs but should cover the full range of knowledge and skills — personal, technical and commercial — that may be required in professional working life. For example, CPD should be focussed on the needs of patients and should help individuals and teams deliver the health outcomes and health care priorities of the NHS as set out in national Service Frameworks.[3]

Compulsory CPD

By compulsory CPD I don't mean that we have to complete a certain amount of CPD but that some professions and/or organisations have made certain elements of CPD compulsory to continue to practice. In nursing for example, there may not be a partnership approach in say areas such as bacterial control, CPR, manual handling or smear taking.

An organisation may set standards based on risk management, which require attendance at an event to 'tick the organisation's box' of ensuring up-to-date staff in that particular risk area. Attendance at this type of compulsory CPD may indeed result in an up-to-date health professional. However, there is a danger with compulsory CPD that the health professional may learn nothing. This may occur for a number of reasons. Some of the more common possible reasons are described below:

1. there is no gap in the health professional's knowledge because they have kept up-to-date themselves
2. there is nothing new to learn because practice has not changed since the last compulsory CPD session

© Tadej Zupancic/ istockphoto

3. the health professional sleeps through the compulsory CPD event.

Expectation that CPD will be done

What if you find there is an expectation for you to attend one of these courses and demonstrate achievement of competencies for the organisation but that time and resources are not made available to you? Who is responsible if a problem arises linked to your gap in knowledge? Is your employer expected to keep you informed and up-to-date or are you expected to insist on this. It is worth taking some time to answer these questions — remember you can only work within your own competency. It might be suggested that if the demands of service provision in an organisation is such that a health professional is not able to attend a compulsory CPD event then the responsibility to remain up-to-date falls first with that individual health professional. This is linked to duty of care. The tenet of duty of care is clear in most health professionals' codes of conduct and

the charge is to ensure competence in all areas of practice and to seek training where there are deficits.

The importance of CPD

The importance of CPD can be described under five headings:[4]

- Quality assurance requires that adequately trained staff perform all significant roles within an organisation and that the training is kept up-to-date.
- Change: Lessons learned in University have a decreasing life span. Roles also change. New skills have to be acquired for career development.
- Patients: Increasingly demanding, better informed. Duty of care is a prime responsibility.
- The law: Ignorance is no defence and may be seen as an offence! Insurance policies may demand CPD.
- Professional standards: Standards of competence, required recording of CPD to retain membership.

Types of CPD available

Many types of CPD are recognised as being relevant and useful to the acquisition of knowledge. These include:[4]

- Distance or open-learning including computer-based learning. This can be carried out using books or manuscripts, DVDs, online lectures or even blended learning with some face-to-face element.
- Structured reading, including periodical articles. Sections enhancing CPD on various clinical and management topics are often included in the *Pharmaceutical Journal*.
- Writing technical papers — not everyone's favoured method, but it ensures the writer uses current sources of information and builds on existing knowledge to fill gaps.
- Membership of relevant professional committees. Being at the forefront of the professional bodies or specialist groups particularly in times of change, informs the individual who can then go on to inform the organisation.
- Part-time teaching. The teacher needs to understand the way individuals learn and must be up-to-date and able to get the message across. Each lecture should teach the teacher something to help in future sessions — and this encourages reflection and action planning.

Skills developed as part of normal in-house activities. This is where recording CPD can help. We are undergoing CPD in many ways throughout our career. By writing down what we need to learn to perform a new activity and reflecting on it we have undertaken a form of CPD.

Effectiveness of CPD

To be effective, CPD must be an integral part of the organisation's strategy and needs

© René Mansi/ istockphoto

to be considered an investment in the total skill-base of the workforce.[4] It should be assessed and feedback given so that any future learning or development can be more effective. The pharmacist or organisational representative should quantify the level of competence required to fulfil the tasks or skills, the most suitable type of CPD for that individual if there is a choice, and the best method of assessing the level of achievement at any stage in the process.

The role of the Royal Pharmaceutical Society of Great Britain in CPD

From a more global perspective, the professional bodies ensure — through codes of conduct, standards and codes of ethics — the continued competence of their members to safeguard the public. The Society's *Code of Ethics*[5] sets out the obligations of members as follows: 'All practising pharmacists and pharmacy technicians have a professional obligation to maintain a record of their CPD. The Society provides CPD support materials and facilities for recording CPD online, on paper or on a freestanding personal computer'.

> It is the pharmacist's responsibility to remain up-to-date with the knowledge and skills that enable them to prescribe competently and safely within their area of expertise. This includes keeping up-to-date with relevant changes in the law as well as the therapeutic areas in which they prescribe.

The RPSGB CPD website[6] available to members has a great deal to commend it and although many pharmacists have resisted completing the CPD entries there is guidance about how and what to record there. Perhaps the specific structure of the way entries need to be made is not how you have recorded your CPD in the past. This will evolve as more members complete their records. Who will do the assessing and give the feedback? In 2001, Fawz Farhan wrote an article on pharmacists' CPD when it was being launched by the Society.[7] In this she quotes Robert Dewdney saying the assessors of the CPD did not need to be pharmacists because what they were assessing was learning behaviours rather than clinical knowledge. A number of other groups were suggested including patients. However, this seems an unlikely way forward if it is to encourage the membership.

The Society and CPD for prescribing pharmacists

One of the points in the RPSGB outline curriculum and learning outcomes used by all accredited courses for pharmacists prescribing is 'evidence-based practice and clinical governance in relation to independent and supplementary prescribing including reflective practice and continuing professional development — role of self and organisation'. From this comes one of

the learning outcomes to 'demonstrate a reflective approach to continuing professional development of prescribing practice'.

The basis of this reflective approach can be taught, and by using reflective pieces in the portfolio of practice described in the previous article of this series[1] prescribing pharmacist students can begin to show they are able to at least understand the need for CPD.

Professional standards and guidance for pharmacist prescribers

The Society states: 'as a pharmacist who is recorded on the register as being a prescriber, you must ensure that part of your continuing professional development (CPD) directly addresses your role as a prescriber'.[8]

© René Mansi istockphoto

The RPSGB *Code of Ethics*[5] has been adapted to provide guidance for the prescribing pharmacist. In the guidance it states: 'the pharmacist must develop their professional knowledge and competence. This may be taken through continuing education or approved (by the pharmacist and the organisation) CPD. Pharmacists and other prescribers must prescribe only within their level of expertise and competence and not outside the clinical knowledge of either the condition, or the medicines required to treat that condition. Pharmacists must refer the patient to an appropriate prescriber if they are not competent to prescribe

Box 1. Providers of material that can be used for CPD

National Prescribing Centre online (NPCi) http://www.npci.org.uk/reception/reception.php
This evaluated and detailed online service can help when gaps in knowledge have been identified. It is not fully comprehensive but within the therapeutic areas covered and medicines management sections there is a great deal of information that can be used for CPD including e-learning, cases and quizzes.

CPPE http://www.cppe.ac.uk/
The Centre for Pharmacy Postgraduate Education has a wide range of distance learning and locally provided courses plus other material available for pharmacists' CPD. The material is written and updated by leaders in the fields. There is also online support material for supplementary prescribing covering all the main areas of the curriculum that is still useful after qualification. New programmes this year include 'Safer management of controlled drugs — impact of new legislation and the role of the pharmacy team,' which could be used to fulfil a gap in knowledge and or skills in the area.

Faculty of Prescribing and Medicines Management of the College of Pharmacy Practice http://fpmm.collpharm.co.uk
The Faculty offers accreditation of courses for CPD and CE and is an excellent organisation if you wish to be part of a network and forum of like-minded people working in prescribing and medicines management.

National Library for Health http://www.library.nhs.uk/Default.aspx
This is an essential source of material for CPD — again after gaps have been identified — for finding relevant links and material including slides and other support. You can find current medicines information and horizon-scanning material here.

Local Universities
The Standing Committee on Postgraduate Medical and Dental Education (SCOPME) made a number of important recommendations about CPD for hospital consultants and others. One of their recommendations was that links with higher educational institutions that supported experimentally based, multi-professional or distance-based learning should be strengthened[10] and this is surely the same for pharmacists — particularly prescribing pharmacists. So methods described in my first article[1] need to be used again in continuing life-long education of prescribers and all pharmacists. Local universities can be contacted to identify short courses or material to aid CPD. There may be arrangements to sit in on one or more sessions relevant to the needs of the individual or organisation. A close link between Institutes of Higher Education and the employers is essential and can reap benefits for all concerned.

The Strategic Health Authority (SHA)
The SHA may be able to help identify CPD material locally. They may have lists available for courses or other CPD sources or providers of such material. Non-medical prescribing leads may also be able to help in this specific area of CPD. However, if funds are being squeezed there may be more emphasis on the individuals' responsibility to ensure 'up-to-datedness'. We may be back full circle to this quote: 'to cope with the demands of a rapidly changing world, people must be capable of taking the initiative for their own education and be motivated to continue learning throughout their lives'.[11]

The Primary Care and Acute Trust
Personal development plans should be arranged for all staff.[9] CPD programmes should consider local service needs as well as personal and professional development needs of the individual. For this reason it is argued that CPD programmes should be managed by local employers working in partnership with higher and further education providers and others.[9] This may also be the answer to reaccreditation and revalidation.
All definitions of continuing education try to describe CPD as an educational system that seeks to operate throughout the pharmacist's working life. Once started on a career it is beholden on the professional person and the organisation to create networks of CPD — where to go to get it and how to reflect on the current level of knowledge of the subject. This must be done in partnership — it cannot be one-sided, but you may find the resources listed above helpful when setting up your networks of CPD. Life-long learning should be designed to meet service needs as well as individual needs and aspirations, and be available to all staff not just health professionals.[3]

in disease areas with which the patient may present. If the pharmacist moves to another area of practice they must prescribe only within their level of expertise and competence'.[8] CPD is of major importance at this point. If the gap in knowledge or skills has been identified because the pharmacist is being asked or asks to develop the service they are providing to a new area of practice, it has to be assumed that they must undertake appropriate further, relevant and educationally acceptable CPD. As the guidance goes on, the pharmacist may require the approval of their employer for this new role and may need to undertake additional training to ensure they are competent, in addition to the educational course which allowed them to prescribe. At this point it is important to consider checking and having job descriptions amended if necessary. Also check if the vicarious liability for the new role has been accepted by the employer. This may also affect professional indemnity arrangements. It is the pharmacist's responsibility to remain up-to-date with the knowledge and skills that enable them to prescribe competently and safely within their area of expertise. This includes keeping up-to-date with relevant changes in the law as well as the therapeutic areas in which they prescribe.

Employers have a responsibility to ensure that prescribers are competent to carry out their duties as prescribers. Although pharmacist prescribers are legally able to prescribe from the whole of the *British National Formulary* and *British National Formulary for Children*, they can prescribe only within their competence.[8]

Availability of CPD

Almost coming full circle, having identified the gaps and sought the resources needed, what of the availability of CPD? There are few places where we can just go and 'take suitable CPD off the shelf'. CPD needs to be supported by an education and training process that incorporates best practice and a systematic approach to continuing professional and personal development.[9]

Although the CPD certification service,[4] based in London, has an interesting and potentially useful website guiding individuals to CPD on offer, when I looked there were no CPD sessions offered on prescribing, pharmacy or nursing. Those on health and health care had no dates, but the website itself is interesting and should be viewed for its definitions and general outline.

A selection of the main providers of material that could be used for CPD for pharmacists are given in Box 1.

Reaccreditation

The *Clarke Report*[12] was wide-ranging and one of the topics discussed was revalidation of pharmacists. One conclusion was that the new professional body should play a part in developing standards for revalidation in support of the General Pharmaceutical Council (GPhC) but should have no role in policing the system. Rather it should develop systems (including peer-support) and materials to give confidence and assistance to members. Because demonstrating that CPD has been achieved will be a requirement for revalidation and staying on the register, anything that can be done by the new professional body (or others) to assist members in doing so will be sought after by the profession.

Reaccreditation of pharmacist prescribers: Some questions to mull over

Should you, as a prescriber be reaccredited by your employer or your professional body, formally, over and above your reaccreditation as a pharmacist? This could be simply by checking if you have been prescribing and attending regular updating courses and completing your online CPD. If you haven't been prescribing you may be expected to attend relevant updating courses. After a period of time without prescribing it may be necessary to re-educate and then revalidate – how long should that be?

Conclusions

- CPD is an active, cyclical process of reflection and action.
- CPD needs to be a partnership between the individual and the organisation
- It should be designed to meet service needs as well as individual needs and aspirations
- It is the pharmacists' responsibility to remain up-to-date with the knowledge and skills to enable them to prescribe competently and safely within their area of expertise. If we do not grasp a self-directed approach to CPD there is a danger that organisations may develop a purely risk management process for ensuring CPD. ✣

Declarations of interest

The author declares he has no competing interests.

Barry Strickland-Hodge, senior pharmacy lecturer, School of Healthcare, Leeds University. Dr Strickland-Hodge is also chair of the Faculty of Prescribing and Medicines Management of the College of Pharmacy Practice

References

1. Strickland-Hodge B. What are the best ways of assessing pharmacist prescribing students to ensure they have appropriate knowledge and skills to prescribe? *Pharmacy in Practice* 2008; **18(6):** 122–7.
2. A review of continuing professional development in general practice: a report by the Chief Medical Officer Department of Health May 1998.
3. *Continuing Professional Development: Quality in the new NHS.* Crown Copyright Department of Health July 1999
4. CPD certification service http://www.cpduk.co.uk/intro/intropage.htm
5. Royal Pharmaceutical Society of Great Britain. *Code of ethics for pharmacists and pharmacy technicians,* August 2007.
6. Society CPD website http://www.uptodate.org.uk/home/PlanRecord.shtml
7. Farhan F. Continuing professional development: a review of pharmacy continuing professional development. *Pharmaceutical Journal* 2001; **267(7171):** 613–5.
8. *Professional standards and guidance for pharmacist prescribers* at http://www.rpsgb.org/pdfs/coepsgpharmpresc.pdf.
9. Sir John Egan (Chair) *Accelerating Change*. A report by the Strategic Forum for Construction, Department of Trade and Industry 2002.
10. Standing Committee on Postgraduate medical and Dental Education (SCOPME). *Continuing professional development for doctors and dentists, 1998 recommendations for hospital consultant CPD and draft principles for all doctors and dentists.* SCOPME working paper.
11. Knapper CK, Croxley AJ. *Lifelong learning and higher education.* 2nd Edition. Kogan Page. London, 1991.