

QUALITY – many issues associated with *quality* have been resolved by delegation – CME Providers have been approved or accredited inside and outside Kuwait. However, there are issues of equivalency among CME/CPD activities that need to be addressed. For example, is a Graduate Certificate Program in Clinical Pharmacy that requires approximately 500 hours of study and includes formal evaluations worth 250, 500 or “x” credit points? Also, if CPD/CME activities are related to MPC, is it not essential to evaluate the outcomes of these activities in terms of professional competence? Surely, keeping a seat warm in a lecture theater is not enough; individuals must demonstrate that knowledge and/or skills have been acquired via written or objective-specific practical examinations. A formal evaluation program is essential to ensure that practitioners do not merely pay lip service to the MPC requirements.

There are other important issues associated with quality to consider in relation to pharmacists and the pharmacy profession. In many countries, regulatory bodies require that pharmacists satisfactorily complete an internship and pass a qualifying examination before being given a license to practice. Qualifying examinations assess knowledge base and professional competence *at the time of examination*. Now is the time for Kuwait, through KIMS, to introduce these formal qualifying examinations for pharmacists. Qualifying examinations should be mandatory for all pharmacists registering in Kuwait including graduates from the Faculty of Pharmacy, Kuwait University. Perhaps, instead of acquiring credit points for a Certificate of MPC, pharmacists could and should be permitted to (re)write the qualifying examinations every 5 years as “challenge examinations” to demonstrate and revalidate their professional competency and obtain their Certificate of MPC.

QUANTITY – under the current scheme, the total, annual credit point load can readily be estimated. If there are 1000 pharmacists who must acquire 25 credit points in a year, they must have access to 25,000 hours of most Category 1 (see 1) activities or 50,000 hours of some Category 1 and Category 2 activities annually. If the credit points are accumulated in, say, groups of 50 pharmacists, 500 or 1000 hours of actual programming or educational activities

must be available. At first, this appears to be a daunting prospect for CME Providers. However, the breadth of the activities defined as CME and available for credit should help reduce the load to manageable levels. Nevertheless, if individuals defer acquiring credit points until towards the end of a 5-year cycle, the demands on the system for programming could exceed the system’s ability to provide it. The option of (re)writing the qualifying examinations would help with this. The requirement of 125 credit points over 5 years is not overly demanding upon individual pharmacists. However, it is clear that because certificate programs, workshops and symposia have a 1:1 ratio of contact hours to credit points, they are likely to be in highest demand. As stated above, participants’ achievements should be documented via examinations and other formal evaluation processes, which constitute an additional load on CME Providers. The need to develop instruments for evaluating and assessing participants’ CME/CPD activities remains.

Despite CME Providers’ best efforts, it is unlikely that they will be able to meet all individuals’ needs. CME Providers should continue to identify CME Programs outside Kuwait that can supplement existing programming and help meet any unfulfilled needs. Distance learning programs have become very sophisticated and capable of responding to individual’s needs and time constraints. The motivation to succeed, an Internet connection and sufficient time to complete the programs are all that is required. The development of a library or catalogue of approved distance-learning sites and programs that can be accessed would be a valuable addition to the resources available in Kuwait. Three examples of readily accessible web-based programming can be found in references 10, 11 and 12. There are many more sites available!

Individuals’ requirements for CPD vary greatly depending upon their type of practice, when they qualified and their motivation. Thus, providing quality programs in sufficient quantity to meet every individual need is clearly a potential problem! Unless programs can be provided to meet needs, the question of the relevance of programs to individuals’ practices will arise. For if CPD is related to maintaining and improving competence to practice, who determines whether a seemingly irrelevant program should be accepted for credit?

Summary

KIMS is to be congratulated on its initiative in introducing MPC for pharmacists. This is an important step for the profession in Kuwait. However, it is only a beginning. Much work needs to be done to assist pharmacists practicing in Kuwait to maintain their fitness to practice. Application of a simple algorithm and the introduction of Good Practice Standards and SOPs can help identify needs for CPD. An important step forward would be the introduction of formal qualifying examinations for all pharmacists, including new graduates, to benchmark their knowledge and professional skills through written and objective-specific practical examinations. CME Providers should be encouraged to provide a diversity of programs to meet individuals' needs and priorities. Local programming should be supplemented by accessing approved and accredited international sources. The pharmacy profession should be working towards requiring mandatory revalidation of pharmacists' competency to practice. CPD, CME and MPC leading to revalidation are the public's guarantee of exemplary, professional pharmacy services.

References

1. Kuwait Pharmaceutical Association. MPC – Maintenance of Professional Competence for Pharmacists. *The Pharmacist* 2003;2:18-20.
2. Lumb J. *Mandatory continuing professional development. Consultation Document*. London: Royal Pharmaceutical Society of Great Britain; 2003.
3. Royal Pharmaceutical Society of Great Britain. Code of ethics and standards, In: *Medicines, Ethics and Practice: A Guide for Pharmacists*. The Pharmaceutical Press; 2003. p.85-94. Available from: URL: www.rpsgb.org.uk
4. International Pharmaceutical Federation. *Statement of professional standards concerning Continuing Professional Development and Code of Ethics for Pharmacists*. 2003. Available from: URL: www.fip.org
5. Royal Pharmaceutical Society of Great Britain, Survey result: mandatory CPD welcomed. *Pharm J* 2003;270:456-7.
6. Royal Pharmaceutical Society of Great Britain. Practice Guidance, In: *Medicines, Ethics and Practice: A Guide for Pharmacists*. The Pharmaceutical Press; 2003. p.95-112. Available from: URL: www.rpsgb.org.uk
7. American Society of Health-System Pharmacists. *Drug distribution and control and Practice settings*; 2003. Available from: URL: www.ashp.org
8. Royal Pharmaceutical Society of Great Britain. Practice Guidance, In: *Medicines, Ethics and Practice: A Guide for Pharmacists*. The Pharmaceutical Press; 2003. p.100-4. Available from: URL: www.rpsgb.org.uk
9. Perrie Y. Virtual learning environments, *Pharm J* 2003;270;794-5.
10. Australian College of Pharmacy Practice, *Online CPE*. ACPP; 2003. Available from: URL: www.acpp.edu.au
11. IDIS. *CPD modules online*. IDIS; 2003. Available from: URL: www.idispharma.com
12. National Institute for Standards in Pharmacist Credentialing, Continuing Education. *Continuing Education*. NISPC; 2003. Available from: URL: www.nispcnet.org

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On-line Sites for Continuing Professional Development for Pharmacists

Pharmacists interested in MPC – Maintenance of Professional Competence – would find the Internet a very useful resource. Many sites are available that offer lessons or links to CPD providers. The article above gives some that can readily be accessed, while a few others appear below.

<http://oupharmacy.com/ce/online/>

<http://www.temple.edu/pharmacy>

http://www.conference-cast.com/ibs/GUIs/ce_pharm.cfm

<http://www.utexas.edu/pharmacy/ce/description.html>

<http://www.pharmacy.umn.edu/outreach/>

<http://www.cpb.uokhsc.edu/ce/derm/html/index.html>

<http://omni.ac.uk/browse/mesh/detail/>

<http://www.pha.unc.edu/pharmacy/continuing/>

<http://www.pharmacy.pitt.edu/programs/ce/>

<http://www.worldwidelearn.com/continuing-education/pharmacy-cme.htm>

<http://www.pharmj.com/CPD/PJArticles.html>

<http://www.campbell.edu/pharmacy/ContEd/body.htm>

<http://www.rxschool.com/>

<http://www.rxed.org/umce/>

<http://www.pharmacy.purdue.edu/~phprce/internet.html>

<http://www.cpha.com/about/online.php>