

Issues in Continuing Professional Development for pharmacists

Editorial

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Introduction

The Kuwait Institute for Medical Specialization (KIMS) recently introduced non-compulsory MPC—*Maintenance of Professional Competence for Pharmacists*.¹ Pharmacists who enroll in the program must accumulate 125 credit points over 5 years in order to receive a *Certificate of Maintenance of Professional Competence*. An extensive Menu of approved activities is provided together with the credit points allocated for each. This paper reviews and explores issues associated with professional competence and its maintenance.

The health-related professions pride themselves on their professional excellence. They subscribe to Codes of Ethics that set out the behaviors expected of caring, competent professionals and they 'police' their members to ensure that they are 'fit to practice' their chosen profession. However, despite these activities, cases involving alleged professional incompetence or misconduct have burgeoned throughout the world. An angry and litigious public has rounded upon the health professions and now demands more accountability from practitioners and their regulatory and professional bodies. Thus, the maintenance and assurance of competence has become a major professional issue. One of the professions' responses to the public's concerns has been the expansion of educational programs to help practitioners update their knowledge and maintain their competence to practice. In Kuwait, KIMS organizes and administers programs providing continuing medical education (CME) and continuing professional development (CPD). These programs assist health professionals to maintain their professional competence.

The Royal Pharmaceutical Society of Great Britain defines CPD as "everything that you

learn which makes you better able to do your job".² Clearly, CPD can comprise a wide variety of activities as has been recognized by KIMS.¹ Continuing education (CE) is but one component of CPD, but it is the one that is most familiar to professionals. The development and introduction of new medicines, therapies and treatments and advances in information technology (IT) mean that the knowledge and skills acquired during undergraduate training and the early practice years must be updated continually to ensure that the public receives exemplary care from competent health professionals. The requirement to continually upgrade one's knowledge and skills is stated explicitly in almost all professional Codes of Ethics.^{3,4} Clearly, professionals must strive to *maintain* their competence to practice. However, there are other opportunities for CPD: professionals can seek to *develop* new skills through training and certification programs. The latter is perhaps the highest level of CPD. Thus, successfully completing an undergraduate degree program, completing the required internship and obtaining a license to practice are only the first steps in a process of life-long learning and self-improvement.

In many countries, because of public and political pressure, MPC is being associated with revalidation of individual health professionals' right to continue to practice. In the UK, the licensing bodies for doctors and nurses have established schemes for formally revalidating professionals' skills every five years.² Kuwait has yet to take this step, preferring to opt for coaxing and persuading practitioners to remain up-to-date. Individuals are encouraged to take the responsibility for maintaining their competence. Despite this 'burden', members of the health professions broadly support the concept of CPD and MPC.⁵

Competence and Standards of Practice

Pharmacists' key areas of competence have been well defined.^{6,7} Although there are

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common or core competencies, many competencies are specific to individual practice sites. Pharmacists must assess their practice milieu to determine the particular professional competencies required for their individual practice. Practice Standards can be used to help guide this endeavor.

In any healthcare system, it is essential to develop and implement Good Practice Standards. Implementation of these ensures that both environments and persons providing care meet “acceptable” professional standards. The goals are to provide exemplary care and to minimize risks to patients. Within a given pharmacy environment, implementing a system of Standard Operating Procedures (SOPs) is one way of ensuring that Good Practice Standards can be met and maintained. SOPs define “what should be done, when, where and by whom”.⁸ SOPs define roles for individual professionals and provide input into individual job descriptions. Also, SOPs are critical to the development of procedures for auditing a practice. SOPs assume that the individuals responsible for implementing them are professionally competent. Thus, Good Practice Standards and SOPs can help identify individuals’ needs for additional knowledge or training to ensure competence to practice. Pharmacists are no exception to this.

Self-assessment

The marketing of new classes of drugs, the development of new, or the re-evaluation of old, treatments and new IT make professionals acutely aware that they need more information or additional skills to respond to their own and their patients’ needs. For many years, health professionals unconsciously, or consciously, have been following an algorithm to determine their needs for CPD. A common algorithm is shown in Figure 1.

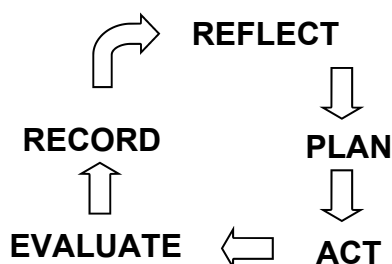


Figure 1. Algorithm that can be used for self-assessment for CPD (modified from Ref. 2, 9)

In applying this algorithm, health professionals:

REFLECT on their “needs” – this can involve them, their peers, professional audits or even a formal review and identification of their needs for training. Simply put, they should develop a list of the things they need to know, be able to do, or be able to do better.

PLAN – prioritize their needs by considering urgency and relative importance. Determine the best way to meet their needs; consider structured (lectures, workshops, certificate courses, etc.) and less structured, experiential (learning by doing) methods of acquiring the knowledge and developing the required skills. Review and identify the resources that are available and select a course of action.

ACT to implement the PLAN; define a time-frame, then, “just do it” and complete it.

EVALUATE outcomes. What was learned? What can they do that they could not do before? Are they now competent to deal with these types of problems or provide these services? How did they test and demonstrate this? Where did they go wrong? What is missing?

RECORD what they did, how they did it and what the outcome was. Relate the CPD activities to job descriptions and criteria for good professional practice at the practice site. Show relevance. Keep a dossier of their activities electronically and/or as hard copy.

The above cycle should be repeated at regular intervals, i.e., p.r.n., or as required by the regulations or guidelines.

Resources

Introduction of any formal or informal program for CPD, CE, or MPC places a heavy responsibility not only on the individual concerned but also on the body, or bodies, that are implementing the program. For any regulatory body, such as KIMS, this responsibility can be reduced to three major components:

- Administration
- Quality
- Quantity

ADMINISTRATION is relatively straightforward: there has to be a system to provide enough programming of satisfactory quality to meet everyone’s needs and to monitor and formally record individuals’ CPD activities.

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.

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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/lbs/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>