VIEWPOINTS

Continuing Professional Development: Staying Focused on the Goal

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As pharmacy organizations in Great Britain, Canada, and New Zealand move ahead with formal systems to foster continuing professional development, tension within the United States is building. US pharmacy is clearly at a potential turning point, faced with some important decisions.

The International Pharmaceutical Federation has defined Continuing Professional Development, or 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.” To implement CPD, a pharmacist must be committed to continually cycling through the steps of self-appraisal, planning, action, and evaluation. CPD requires systematic, ongoing, and self-directed learning.

From a theoretical perspective, it is hard to disagree with the goals or process of CPD. The need to ensure continued competence is an indisputable professional responsibility. The ongoing, cyclical process of reflecting, planning, implementing and evaluating learning has been well discussed within educational circles. Better learning occurs when this cycle is used.

Unfortunately, when it comes to facilitating CPD, most would agree that the continuing education system in the United States falls short in two areas: accountability and support. Each individual pharmacist is responsible for understanding and engaging in the CPD process. Each pharmacist may accept this responsibility or they may not. The system is not designed to provide feedback on an individual’s learning ability and progress or to identify those that are struggling.

In addition, our energies are not well targeted. If CPD is the bigger picture, our current efforts address only one “piece of the puzzle”. In essence, we assume that pharmacists are practicing CPD. Then, most of our energy goes into creating continuing education (CE) programs, with less energy dedicated to preparing pharmacists to self assess, find and select appropriate learning activities, to evaluate the effectiveness of their learning, and to reflect on its impact on their practice.

Up to this point, most would agree. The goals and process of CPD appear well grounded and the current system has several shortcomings. The disagreement and opposition occurs when we try to suggest change. To our benefit, several pharmacy organizations from other countries have already tried to add a layer of accountability and support to CPD’s practice in their respective jurisdictions. However, these systems are in their infancy.

In this issue of the Journal, we learn about Ontario’s first 5 years of experience with a Quality Assurance and Peer Review Program. In their system, in lieu of submitting CE credits, all pharmacists are required to maintain a learning portfolio, which documents their self-identified learning needs, activities, and outcomes. This portfolio must be submitted to their regulatory authority (the Ontario College of Pharmacists) upon request. In addition, randomly selected pharmacists complete a Self-Assessment Survey. This allows the Ontario College of Pharmacists to better understand pharmacists’ learning needs and activities across the province. Randomly selected pharmacists also complete a three-part practice review process where feedback is provided on their knowledge and skills. For some, remediation via peer assistance may be required.
In addition to Ontario, Great Britain, and New Zealand have been leaders in the development of administrative systems to support CPD in pharmacy. Each organization is using CPD as its framework with its own rules and requirements and its own methods for documenting learning and providing support. Examples of systems that facilitate CPD in other professions are also available.

As with all new frontiers, there are many questions to be asked. Who would design and implement the systems required? How would the system be logistically managed? What would be the cost? Are pharmacists capable and ready? What would be the role of continuing education providers? How would it impact patient care? Would it have an effect on the health care system?

As we grapple with these issues, some oppose a formal administrative system, arguing that it would be logistically difficult or financially infeasible or that it may not yield the desired effects. Others advocate for an administrative system, stating that we should not allow pharmacists to flounder without support and that we have a societal obligation to create systems to better ensure continued competence.

Together we must resolve our differences. It is true, the prospect of launching an effort to encourage pharmacists to self assess, consciously plan their learning, and evaluate the successfulness of their learning is daunting. However, we cannot allow ourselves to be distracted. As professionals and leaders, we know that CPD is a positive step forward and that the current environment is not optimal. Now we must ask ourselves: Is an administrative system needed to facilitate CPD for United States pharmacists? Do they need formal training in CPD, access to resources, opportunities for peer support and motivation to engage in this process? If so, we must move forward despite the uncertainty and obstacles.

REFERENCES


