

VIEWPOINT

The Responsibility of Advancing Continuing Professional Development and Continuing Education Globally

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The International Pharmacy Federation's (FIP) Continuing Professional Development (CPD) and Continuing Education (CE) Global Report was published by the FIP Education (FIPed) development team in September 2014. Since then, determining whose responsibility is it to advance CPD or CE has become a hot topic in the pharmacy profession.

The phrases "continuing professional development," "continuing education," and "lifelong learning" can often feel onerous, both to those who are early in their career and to those whose careers are well established. For new providers, it is perhaps because they have just finished examinations, gained qualifications, and are acclimating to the workplace, then discover they have to continue to learn. For established practitioners, the same types of reasons may cause continuing education to seem onerous. After all, why should one do more when one is doing well enough?

The key is to re-engage professional passion and motivation for the patients and public one serves. Pharmacists need to instill within the profession that professional status is a privilege not a responsibility-laden burden, focus on the trust given to the role rather than the questions asked of it, and, at all stages of development across all sectors, strive for excellence. To re-ignite professional motivation, especially in the current environment of cost containment and ever growing demands and pressures, we need easily accessible professional networks, standards and support tools, frameworks and portfolios to document our developmental efforts and interventions, and annotations of the positive impact we make on patient care and public health. The key for professional bodies and associations is to share best practices, harness expertise, champion CPD efforts, and support practitioners so they may be the best they can be.

With the publication of FIP's global CPD report, it is imperative for individual pharmacists and pharmacy professionals to educate themselves about the concept of CPD. Such education includes reflecting, planning,

learning, evaluating, and recording CPD experiences. The first step is to consider feedback about work, practice, research, interactions, behaviors, skills, and attitudes on a variety of subjects in the individual's field or specialty. A thorough analysis of these sources and accompanying feedback can inform practitioners of the strengths, weaknesses, opportunities, and threats (SWOT) that may exist in their professional development. This information can in turn shed light on the ultimate impact on patient care, practice, business, teaching, service, or research. Furthermore, this information can help practitioners set goals that will enable them to close educational gaps that may have been uncovered during the reflective portion of this process. Acting upon this plan and learning from previous activities, is critical to professional development. Lastly, evaluating the plan through analysis of the logistics, activities chosen, lessons learned, and overall impact on goals can help improve upon the process itself and influence future logistical planning and the choice of learning activities. Careful documentation done in a way that best suits the individual, while satisfying regulators, is key to the success of this approach to CPD.

Regulators, accrediting bodies, the academy, and professional associations do have a significant role to play in professional development, but it is ultimately the responsibility of practitioners themselves to ensure they are competent and capable of discharging the duties of the profession. While there are many ways to accomplish this, the process of CPD using reflect, plan, act, and evaluate is a simple, concise, and systematic approach endorsed by FIP.

The responsibility typically associated with accrediting bodies is that of quality assurance, but another important responsibility of accreditors should be quality *advancement*. When it comes to a transition from traditional models to more broadly-based and outcomes-focused CPD approaches, accrediting bodies can be strong drivers for the changes educational providers need to make to ensure optimal learning outcomes in continuing

education. In the United States for example, the Accreditation Council for Pharmacy Education (ACPE) leads initiatives to explore and implement a CPD approach for lifelong learning. The impact of these initiatives is reflected in changes to accreditation standards for both professional degree programs and providers of continuing pharmacy education (CPE). Additionally, ACPE develops and makes available CPD-related resources to support learners, providers, and other stakeholders.

There is increasing awareness in the profession of the need for students to develop the skills and attitudes necessary for self-directed lifelong learning, for schools of pharmacy to meaningfully assess this competence, and for accrediting bodies to hold schools accountable in these areas. However, many practitioners will also need support to help them effectively self-direct lifelong learning, and accrediting bodies can encourage CPE providers to become long-term partners in learning, rather than only providers of education. Where quality assurance systems for CE/CPD do not exist, the profession should promote and work with other stakeholders to support development implementation of such systems.

Colleges and schools of pharmacy can engender the concept of lifelong learning from the beginning of pharmacy programs. Students will encounter important concepts throughout the pharmacy curriculum and can be encouraged to reflect on and learn from them. At the University of Nottingham, for example, students are required to produce CPD entries throughout the program, which are assessed on a pass/fail basis as part of a zero-credit professional competency module each year. In the first year, the concept of CPD is introduced through an

introductory lecture on the subject. Students are told that their first record should be about their interprofessional training session on first aid. Their second CPD record should be about use of the British National Formulary (BNF), which will be an important source of information throughout their careers. This record should show they understand the structure of the BNF, how it is organized, and what type of information can be found in it. In their third record, students must document their feelings about becoming pharmacists based on early experiences in the program and the profession and consider the challenges they face in becoming excellent pharmacists in the future. A further CPD record is based on cases about dyspepsia and the key competencies they think a pharmacist should possess to help patients. The fifth record is meant to show they understand the therapeutic use of an antibiotic not covered in the curriculum. The final CPD record is on a subject of the students' choice. In the second year, 4 entries are guided and 2 are determined by the student. In the third year, they complete 6 guided and 2 self-determined entries, and in the fourth year, 4 guided and 4 entries of their choice. Prior to submitting their CPD entries, students are encouraged to discuss them with personal tutors with whom they have regular meetings. This record-keeping process enables faculty members to instill in students the ethos of life-long learning and the importance of CPD throughout the program.

Overall, individuals, associations, regulators, and faculty members all share the responsibility of advancing CPD/CE. Given that "a journey of a thousand miles begins with one step," we hope that all parties will take one more step toward achieving this goal.