

RESEARCH

Australian Pharmacists' understanding of their Continuing Professional Development Obligations

Wendy Thompson, Lisa M Nissen

ABSTRACT

Background: Adoption of mandatory continuing professional development (CPD) for pharmacists in Australia is relatively new. Difficulties have been reported with the introduction of CPD frameworks in other countries. There is limited information on how Australian pharmacists have engaged with the CPD requirements for registration.

Aim: To explore Australian pharmacists' understanding and engagement with the CPD requirements for renewal of registration.

Method: The Pharmacy Board of Australia's CPD requirements for registration was used to design an online survey to explore the level of understanding and engagement Australian pharmacists have with the CPD framework.

Results: 278 pharmacists responded to the survey – 66% were female, 30% were male and 4% did not disclose their gender. 63% of respondents noted that it would not be difficult to acquire 40 CPD credits annually. Respondents identified that Group 1 activities were a preferred way of acquiring CPD credits. Majority of pharmacists (91%) believed that they knew the CPD requirements for registration and 77% noted that there had been sufficient guidance provided. Despite this, 26% of participants had never used self-directed learning plans and 38% did not know how to undertake self-directed learning. 76% of participants were under the common misconception that CPD is synonymous with continuing education.

Conclusion: The majority of pharmacists believe they understand and can engage in the acquisition of CPD credits for renewal of registration. Some aspects of the CPD framework was not understood, such as how it aims to develop a pharmacist's practice. This aspect of the CPD framework will need to be further developed.

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INTRODUCTION

Since 2010, Australian pharmacists have been required to undertake mandatory continuing professional development (CPD) for renewal of registration. This requirement was implemented by the Pharmacy Board of Australia when it was appointed the national registration body for pharmacists. The purpose of adopting CPD is to ensure that individuals continue to learn throughout their lives. Rouse describes it as 'a framework for, or an approach to, lifelong learning'.¹

Lifelong learning is believed to be a necessary quality that will ensure an individual can continue to develop and

learn in their field of work.² In professional practice it is thought that by imposing a requirement for individuals to maintain professional competence will uphold standards across the profession.³ In Australia, many professions, e.g. law, medicine, require that their members complete mandatory CPD for renewal of registration.

Lifelong learning in the workforce became significant in the 1990s, when it was identified as a way of adapting to a rapidly changing world.⁴ It was noted that 'Individuals needed to engage in lifelong learning not as a matter of choice but as a method of survival'.² In 1997, the WHO in the report of its consultative group on 'Preparing the Future Pharmacist' named the lifelong learner as one of the seven roles and responsibilities for pharmacists.^{5,6}

The Pharmacy Board of Australia's definition of CPD for pharmacists describes the intention of continued learning for its members: 'the means by which members of the profession continue to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives'.⁷ This definition is supported by the Society of Hospital Pharmacists of Australia's (SHPA) CPD framework that involves a self-directed learning cycle, containing four stages (Figure 1).⁸ This framework is based on the principles of Kolb's learning cycle and is similar to the model used by the pharmacy profession in other countries, namely the UK and USA.^{1,9} To undertake CPD according to this framework, pharmacists should reflect on the gaps in their knowledge across their current practice (Step 1), plan and carry out development activities that will address these gaps (Steps 2 and 3) and finally evaluate the development activities they have undertaken, by considering if they have addressed their original learning needs (Step 4). This learning cycle aims to assist pharmacists to review their competency to practice and to develop their professional roles.^{8,10}

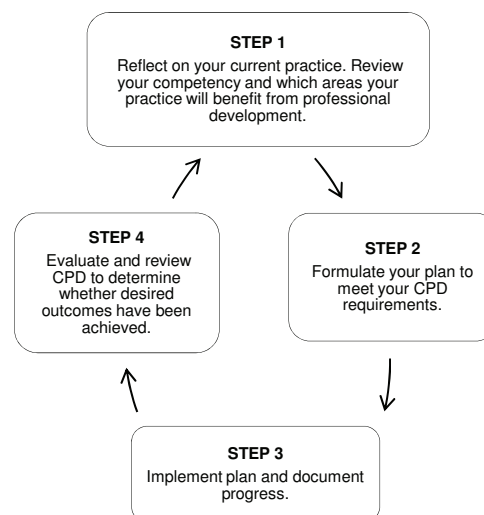


Figure 1. Society of Hospital Pharmacists of Australia's self-directed continuing professional development (CPD) learning cycle.⁸

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In the Pharmacy Board of Australia's guidelines on CPD, development activities have been classified into three sub-groups.¹¹ Group 1 activities involve accessing information without undergoing assessment, e.g. read a journal article, attend a lecture. Group 2 activities involve improving knowledge or skills and the outcomes are assessed, e.g. read a journal article, attend a lecture and complete an assessment. Group 3 activities involve facilitating positive practice changes, e.g. write and publish a journal article, give a conference presentation. For each hour spent working on these activities an individual will receive one, two or three credits for Groups 1, 2 and 3, respectively. Registered pharmacists need to complete at least 40 CPD credits in each 12-month period ending 30 September with not more than 50% of the annual CPD credits claimed by undertaking Group 1 activities.¹¹

For some pharmacists, adopting a CPD framework may involve making significant changes in their approach to learning, which could make it hard to fully engage with the CPD framework. This was seen after British pharmacists had to adopt compulsory CPD in 2005, where research on engagement has indicated that many British pharmacists struggled to fully engage with the framework.^{3,12} Internationally, it has been recognised that there is often a misconception among pharmacists that acquiring CPD credits involves undertaking a series of continuing education activities, i.e. learners would only utilise Steps 2 and 3 of the learning cycle.^{3,13,14} In Australia, it is intended that the CPD framework should involve learning that will include reflection (Step 1) and evaluation (Step 4). This will ensure that pharmacists are engaged in activities that are directly related to and will be of value to their scope of practice.^{1,14,15}

The adoption of mandatory CPD for pharmacists in Australia is relatively new. There is limited information on how Australian pharmacists have engaged with the CPD requirements for registration. This study aimed to explore Australian pharmacists' understanding and engagement with the CPD requirements for renewal of registration.

METHOD

An online survey was developed using SurveyMonkey to explore the level of understanding and engagement Australian pharmacists have with the CPD framework. The questionnaire content was guided by the Pharmacy Board of Australia's guidelines for CPD and a review article, which aimed to establish the beliefs and participation of British pharmacists with CPD.^{3,11}

The survey was divided into four sections that focused on the following areas:

- participants' demographics
- how participants found out about mandatory CPD and what they know about the CPD framework
- participants' understanding of specific aspects of the CPD framework and to discern the type of CPD they prefer
- how participants acquired CPD credits.

Sections one to three contained a mix of closed questions and questions which used a 5-point Likert scale (strongly agree to strongly disagree). Open questions were included in section four to elicit qualitative responses from participants.

The content validity of the survey was confirmed by three representatives of Australian pharmacy organisations with expert knowledge of the Australian CPD framework. The face validity of the survey was confirmed by six registered pharmacists. They participated in pilot testing of the survey, after which small technical refinements were made before it was published for national dissemination.¹⁶

In September 2012, an electronic link to the online survey was published in the Pharmacy Board of Australia's August communiqué, which can be accessed by all registered pharmacists. The survey was also published in an online newsletter sent to members of the Pharmaceutical Society of Australia (around 14 000 members) and in the SHPA bulletin (around 2500 members).¹⁷ The survey link was kept open for 2 months and an incentive of winning one of two \$50 Coles/Myer vouchers was offered to encourage participation. Paper copies were handed out to pharmacists attending two educational seminars held in September 2012.

Ethics approval to undertake this study was granted by the University of Queensland's Human Research Ethics Committee.

RESULTS

A total of 278 pharmacists responded to the survey – 66% were female, 30% were male and 4% did not disclose their gender. Fifty-six per cent of respondents had been on the Australian pharmacist register (after their intern year) for more than 10 years, 16% for 6 to 10 years, 24% for up to 5 years and 4% unknown. Fifty-four per cent of participants identified their primary area of practice as community pharmacy, 27% were primarily practising as hospital pharmacists, and the remaining 19% were split across a number of sectors, e.g. pharmaceutical industry, consultancy, academia.

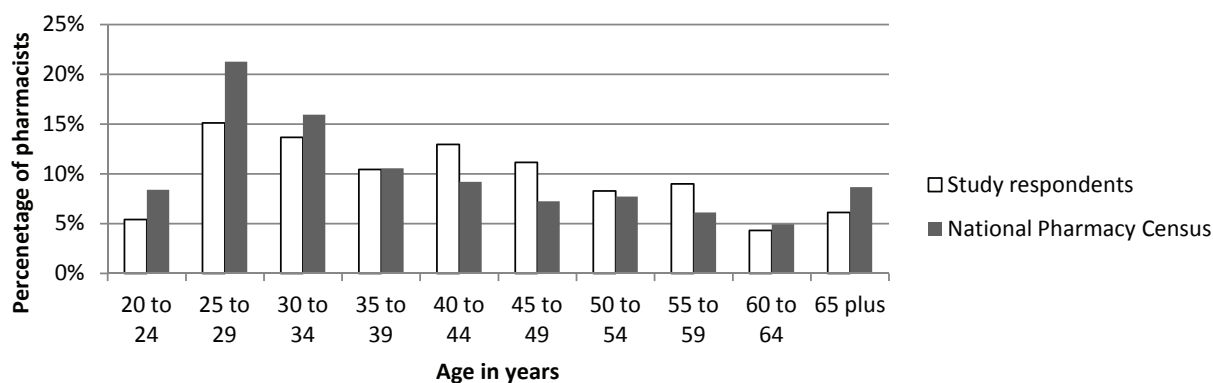


Figure 2. Age distribution of respondents (n = 278) compared to the Australian Health Practitioner Regulation Agency's census data (n = 25 944).¹⁹

Table 1. Responses to questions which showed aspects of the CPD framework that respondents did not understand

Questions to check understanding of aspects of the CPD framework	Response (n = 278)			
The Pharmacy Board of Australia has classified CPD activities into 3 groups and each group acquires a different number of CPD credits. Do you understand how these groups are classified?	Yes = 210	No = 24	Unsure = 33	Unknown response = 11
Do you know how to undertake self-directed learning as part of a structured learning plan?	Yes = 158	No = 27	Unsure = 79	Unknown response = 14
Are you recording CPD activities in the correct format required for audit?	Yes = 195	No = 29	Don't know = 41	Unknown response = 13
CPD can also be known as continuing education.	Yes = 210	No = 23	Don't know = 32	Unknown response = 13

CPD = continuing professional development.

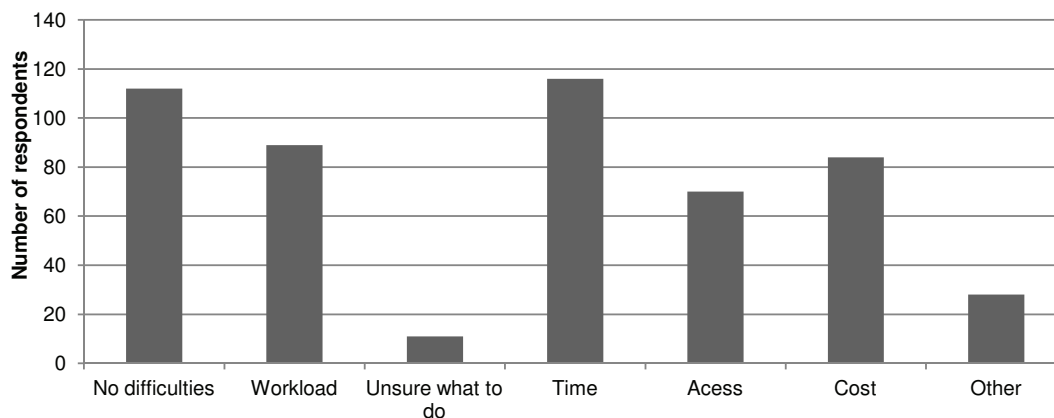


Figure 3. Factors that make it difficult for pharmacists to acquire CPD credits (respondents could select more than one category).

Respondents' ages ranged from 20 to 65+ years, with all ten age brackets represented. Respondents' age distribution correlated to the national pharmacy census data reported by Australian Health Practitioner Regulation Agency in 2011 (Figure 2).^{18,19} Both datasets highlighted that the highest number of pharmacists were in the 25 to 29 years age bracket, followed by the 30 to 34 years age group.^{18,19}

Responses to questions which intended to establish pharmacists' understanding of the CPD framework revealed that: 91% (n = 253) of respondents agreed on a 5-point Likert scale with the statement, 'I know the current CPD requirements for general registration' and 77% (n = 215) of respondents also agreed with the statement, 'There has been enough guidance to outline the CPD requirements for renewal of registration'. Follow-on questions which explored this understanding further, revealed that some aspects were not well understood (Table 1).

Sixty-three per cent (n = 176) of respondents noted that it would not be difficult to acquire 40 CPD credits annually. When asked, 'Which of the following make it difficult for you to acquire CPD credits?' 42% (n = 116) of respondents identified 'time' as the most common difficulty (Figure 3). When respondents were asked to expand on their main difficulties, a number of linked themes to time restraints were mentioned, such as family commitments, workload, time to record, long hours, travel time to events, no time given at work.

In question 13, respondents were asked to rate a list of CPD activities with 1 indicating most preferred and 5 least preferred. Four examples of the Group 1, Group 2 and Group 3 activities were included in the list and the modal rating for each activity is shown in Table 2. Despite Group 1 activities appearing to be the most preferred

way of acquiring CPD credits, only 31% (n = 88) of respondents disagreed with the restriction placed on the number of Group 1 activities that could be included in the annual CPD credits.

Table 2. Continuing professional development activities rated in question 13 of the survey

Group 1 activities	Modal rating	Group 2 activities	Modal rating	Group 3 activities	Modal rating
Attend a lecture	2	Complete an interactive case study	1	Give a conference presentation	5
Read a journal article	1	Complete a postgraduate education course	3	Publish an article in a journal	5
View an online lecture	1	Read an online journal and complete the assessment	1	Join the board of a local pharmacy committee	5
View an online interactive lecture	2	Attend an interactive workshop	2	Introduce a new professional service into your pharmacy	3

DISCUSSION

The majority of participating pharmacists believed that they understood the CPD framework and had received enough guidance on the requirements. However, on further questioning, they revealed that some aspects of the process had not been fully understood, with key areas of the CPD framework, such as self-directed learning

and use of the CPD learning cycle being associated with a large degree of uncertainty. Only 8% of pharmacists correctly identified that CPD and continuing education are not the same thing, which could potentially mean that many pharmacists are unaware of, or do not understand the significance of the four steps in the learning cycle. If pharmacists are only undertaking a number of continuing education activities, which use Steps 2 and 3 of the SHPA CPD learning cycle, they will miss out on the reflective step (Step 1) of the cycle. This could result in learning that does not directly benefit practice.¹³ Missing the evaluation step (Step 4) may reduce the quality of learning outcomes, as this has the function of assessing whether the learning has addressed the original learning needs. In New Zealand, peer evaluation of CPD has become a mandatory requirement for pharmacists with the belief that this will increase the efficacy of self assessment.²⁰⁻²³

Similar problems in understanding the CPD framework were identified after compulsory CPD for registration was introduced in the UK. Pharmacists in the UK were also not able to distinguish between continuing education and CPD, and not able to assess learning needs.³ Ensuring that Australian pharmacists have better understanding in these areas of the CPD framework is recommended, as there is clear evidence to support that engagement in self-regulated learning can result in better learning outcomes.^{20,24}

Our study has shown that Australian pharmacists have engaged with the CPD process, with many respondents noting that it would not be difficult to accrue 40 CPD credits. However, there were clear preferences for certain CPD activities; Groups 1 and 2 activities were preferred over Group 3 activities. This preference is most likely linked to pharmacists finding Groups 1 and 2 activities less time consuming, especially as many respondents named time as the most common barrier to engagement in CPD. The Pharmacy Board of Australia believes that restricting the scope of CPD activities that are undertaken by a pharmacist could limit their learning outcomes and has recommended that all three groups should be included in a pharmacist's annual CPD credits.²⁵ It is not specified in the Pharmacy Board of Australia's CPD guidelines that Group 3 activities must be included; instead the Pharmacy Board of Australia requests that only 50% of annual CPD credits can be claimed by undertaking Group 1 activities.¹¹ From the survey findings it seems likely that most pharmacists will not be undertaking Group 3 activities. To ensure that pharmacists undertake these types of professional development activities, the Pharmacy Board of Australia's CPD guidelines need to be amended.

Time has frequently been mentioned as the most common barrier to completing CPD.^{3,14,20} In response to improving the engagement of pharmacists in the UK, Donyai et al.³ suggested that 'employers must realise their share of responsibility in helping pharmacy professionals with CPD' suggesting 'CPD protected time' as a means of providing time. 'Emphasis on providing CPD that is easily accessible and can be done at home or in the workplace' was offered as a solution by Clifford et al.¹⁴ to pharmacists in Western Australia. Employers and professional organisations need to investigate as to what Australian pharmacists believe may alleviate the pressure of time to complete CPD.

One of the major limitations of the study was the limited number of pharmacists who responded to the survey (only 1% of Australian registered pharmacists). This response was disappointing as incentives were offered and the online survey was distributed widely for 2 months. The correlation seen with the national statistics for Australian registered pharmacists, with regard to age and gender distribution may indicate that the responses to the survey reflect national opinion. However, it is likely that responses favour pharmacists with a high awareness of CPD.

In conclusion, the majority of pharmacists believe they understand and can engage in the acquisition of CPD credits for renewal of registration. Some aspects of the CPD framework was not understood, such as how it aims to develop a pharmacist's practice. This aspect of the CPD framework will need to be further developed.

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