Continuing Professional Development: the role of a regulatory board in promoting lifelong learning.

George Konstantinides, Pharm.D. Candidate, University of Minnesota College of Pharmacy

A Call for Change in CE
Within a healthcare team, every professional contributes in different ways. As a result, physicians, nurses, and pharmacists, although aligned with the goal of serving patients, have different learning needs. At the same time, this learning is intended to be an integral part of how all practitioners provide the most up-to-date care to their patients [1]. In 2009, the Institute of Medicine (IOM) identified an urgent need to reform the continuing education (CE) system for health care professionals [2]. This report identifies specific concerns about our current system that include a poorly constructed vision, a lack of inter-professional approach to education delivery, and general concerns about regulation and evaluation of continuing education [2]. The IOM creates a challenging mission for healthcare professionals and regulatory bodies, based on their recommendations.

Charged with this information, health professions are examining better ways to design, deliver, and evaluate the learning of their peers with the goal of enhancing the life-long learning process [2]. The IOM report suggests endorsing and encouraging the creation of continuing professional development (CPD) programs for healthcare professionals. CPD is a lifelong-learning method where healthcare professionals identify and implement individual goals [1, 2-7]. Following the goal-making process, a pharmacist also identifies the path they will take to get there. Finally, once the goal has been achieved, the practitioner reflects on the value of their journey. A portion of the CPD documentation is then shared with a regulatory board for credit approval. As CPD gains momentum, Boards of Pharmacy have begun to evaluate the role of this type of learning in the education of pharmacists. This commentary aims to describe the value of CPD in better assuring continued competency and the challenges and considerations that must be addressed by Boards of Pharmacy prior to CPD implementation.

Corresponding Author: George Konstantinides, Pharm.D. Candidate, University of Minnesota, College of Pharmacy, 3-160 Weaver-Densford Hall, 308 Harvard Street SE, Minneapolis, MN 55455. Email: gnkonstanti@gmail.com

The Board of Pharmacy Role
Regulatory agencies are charged by legislation to protect the public. As an example, in Minnesota Statue 151, the role of a regulatory organization is outlined. Among many responsibilities that include inspecting pharmacies and regulating the sale of medications, the Minnesota Board of Pharmacy (MBoP) is charged with granting licensure and ongoing competency assessment [8]. A component of this is summarized in Minnesota Statute 151.13, which grants the organization the authority to gather information about continuing education and how it is delivered [9]. In addition, the MBoP mission statement includes specific reference to overseeing and guaranteeing continued education of the professionals with the privilege to practice in the state [10]. Continuing education is a learning process intended for all pharmacy practitioners with the goal of maintaining current standards of practice and encouraging continual problem-solving skill development [11]. Throughout the country, regardless of the depth or breadth of each states' Pharmacy Practice Act, there is a Board of Pharmacy charged with similar responsibilities as those cited above. Without a Board of Pharmacy to regulate and guarantee competency, would all pharmacists be inspired to keep up-to-date through continual education? There is no way to answer this rhetorical question, but the system we have currently provides some assurance to the public that this expectation is met by every pharmacist in the state.

From CE to CPD
In 1965, Florida became the first state to require CE for pharmacists [5,12]. No less than ten years later, the National Association of Boards of Pharmacy created a formal resolution requiring continued learning for all pharmacists [5,12].   But even thirty-five years ago, the system for CE credit was in question. It was Knox, in 1975, that identified a need for pharmacists to reform their continuing education system in such a way that the focus is truly on enhancing patient care [13]. His suggestions included the creation of a system that encouraged pharmacists to identify needs, execute a learning plan, and reflect upon completion- not unlike what CPD is designed to accomplish today [13]. With CPD, regulatory agencies are able to better appreciate a pharmacist's learning needs and how a pharmacist has maintained their competency during any given time period. This enhanced understanding could help regulatory bodies

meet their obligation to protect the public and to ensure competency. As a result, Board of Pharmacy involvement with the evolution of CPD is vital.

The Current Status of CPD

Throughout the past decade, a number of countries outside the United States (US), as well as several states have begun to recognize CPD for pharmacists [6]. In the traditional CE delivery, material is presented in an online or live classroom format. The learning consists of listening and reading, then applying the information to an assessment, often in the form of a multiple-choice exam. CPD asks more of the pharmacist. He or she must spend time identifying areas of interest within their career. More importantly, they must plan a direction through which their learning will take shape. In this model, pharmacists have more control over what they learn and can expand their "classroom" to include many settings that are not assigned Board of Pharmacy credit in the current CE system. Since its introduction, CPD has been supported by a number of prominent national pharmacy organizations, including Accreditation Council for Pharmacy Education, American Pharmacists Association, American Association of Colleges of Pharmacy, American Society of Health-System Pharmacists, Joint Commission of Pharmacy Practitioners, and the National Association of Boards of Pharmacy. These organizations have supported CPD both as a suggested method of improving the continuing education system as well as a necessary method to help keep pharmacists engaged [11, 14-18].

A growing body of evidence is being published on the potential role CPD might play in our CE system. As an example, following their study with 57 pharmacists in five states, Dopp, et al concluded that when pharmacists are supported correctly, CPD can serve an important role in their lifelong learning [5]. At the same time, after conducting a study with 42 pharmacists from Ontario, Canada, Austin et al reported that pharmacists perceived CPD as frustrating [3]. Specifically, pharmacists in this study felt uncomfortable with the various steps of CPD, especially their ability to identify areas of potential deficiency [3]. This article suggests that more support is needed if pharmacists are to successfully utilize CPD and maximize its potential [3].

Considerations

Regulatory bodies will encounter challenges when implementing systems like CPD. As such, there are a number of considerations Boards of Pharmacy must address when deciding if and how to implement CPD as an option for their pharmacists. The first consideration is assigning value. Prior to CPD, the currency to evaluate learning value has been hours. Although this measurement is objective, it is not perfect. Does an hour of lecture or online reading produce 1 hour of actual learning? If a transition to CPD Is made, what is the comparable value of 1 hour of CPD versus 1 hour of traditional CE? If hours aren't the currency, what is? These questions are challenging to answer, but important considerations for a regulatory body.

The second consideration is acceptance of CPD by pharmacists. Several articles have shown a benefit perceived by pharmacists using this method of learning [1,5-7]. Several other articles have indicated there are barriers currently preventing CPD from becoming the standard [3,4]. The major concern presented is recognition and understanding of CPD. Pharmacists are willing to work with CPD, but some do not fully understand its role and function. In Ontario, where CPD has become a standard of learning, major challenges have been education and acceptance. These barriers are being addressed in a number of ways, including providing pharmacists with the freedom to create their own documentation structure, creating a website to help guide pharmacists, and patience and persistence, as the number of pharmacists familiar with this learning method increases annually [S Winkelbauer, personal communication, August 19, 2010]. As a result of the regulatory board's leadership, CPD has not only become a standard of lifelong learning for pharmacists in Ontario, but also has been designed and developed by the organization responsible for its enforcement.

A final consideration is cost. Although there are few published studies indicating an estimated cost for CPD, there are several potential costs that need to be evaluated when considering CPD implementation. The first is training. In order to successfully implement CPD, a group of pharmacists must be trained to train others in using CPD. If the state chooses to create a documentation system, this may also add costs. Some states with CPD have opted to use their State Board of Pharmacy website to create a documentation system, in an effort to curb this potentially crippling expense. Finally, there are costs associated with the time and expertise required to review the documentation once it has been submitted for Board of Pharmacy approval. In North Carolina, where a pilot project led to the creation of a formal option of CPD offered to pharmacists, several strategies have kept the cost to a minimum. The pharmacists who train others to use CPD do so with voluntary time. Also, the CPD training for pharmacists is a 3-hour ACPE-accredited CE with a fee for those who attend [T. Tofade, personal communication August 24, 2010]. This revenue helps to offset additional costs associated with CPD. Using these resources, the North Carolina Board of Pharmacy has been able to keep their cost within a range that makes this project feasible.

In Closing

As health care professions begin to expand their definitions of continuing education, there is an increased emphasis being placed on the use of CPD [3,6]. Regulatory boards are beginning to assess the role of goal-based learning, and as a result, they are trying to seek answers about the value, acceptance and cost of CPD. The Board of Pharmacy has an obligation to the public to ensure all pharmacists are competent to practice. In the coming years, CPD may prove to be a vital piece of that life-long learning assessment.

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