Submission of the Pharmaceutical Society of Ireland to the Continuing Pharmaceutical Education Review – May 2007

1. Introduction

The Pharmacy Act 2007 establishes the new Pharmaceutical Society of Ireland (PSI) as the regulatory authority in Ireland responsible for regulating the profession of pharmacy in the interests of protecting, maintaining, and promoting public health and safety. In the performance of this statutory function, the PSI is accountable to the Minister for Health & Children, the Department of Health & Children. One of the principal statutory functions of the PSI in regulating the profession and practice of pharmacy in the State is to ensure that all pharmacists undertake appropriate continuing professional development, including the acquisition of specialisation.

Lifelong learning and the concept of education as a continuum throughout one's career is a *sine qua non* for all professionals. It is generally recognised and indeed expected internationally that the competencies of healthcare professionals, including pharmacists, need to be sustained and developed beyond the entry-to-practise level. International evidence indisputably points to the need for lifelong learning for pharmacists, as for all healthcare professionals.

The extent to which the terms 'continuing education' (CE), 'continuing professional development' (CPD) and 'lifelong learning' (LLL) are used interchangeably is well-recognised and documented in the literature. The PSI supports the internationally recognised approach whereby CPD is a lifelong process that aims to update or enhance existing knowledge, to refine existing skills and to develop the appropriate values to enable and support the delivery of professional practice. Within this model of CPD, quality assured CE is seen to form an essential component thereof. Furthermore, with CPD, the emphasis is on self-directed learning as a responsibility of the individual pharmacist, with the outcomes aimed at the improvement of patient and public health outcomes. Research over the past two decades has shown that traditional CE, usually of a didactic nature, is of limited value as a vehicle for the continuous maintenance of competency. Learning occurs in a variety of settings and for healthcare professionals a lot of learning is work-based and follows an action learning model. The CPD model aims therefore to capture the essence of this 'on-the-job' learning and to assess the impact of learning on the individual pharmacist's practice and the improved benefits for patient outcomes.

The CPD model is seen as a cyclical process of continuous quality improvement that incorporates the following stages:

- Appraisal and identification by the individual of own learning needs
- Creation of a personal learning plan
- Participation and implementation of that plan (this can include CE)
- Evaluation of the effectiveness of the plan and of the educational interventions in relation to practice and on patient outcomes

This cycle has been incorporated into the CPD models currently employed by the RPSGB and PSNI as Reflection, Planning, Action, Evaluation. The ENHANCE® programme, which is the only recertification programme available and accredited by the Pharmacy Council of New Zealand (PCNZ) (although others are envisaged), is provided by the Pharmaceutical Society of NZ (Inc) on behalf of the PCNZ and is based on a CPD model that incorporates four stages of

Reflection, Planning, Action, Outcomes. The focus on outcomes as the final stage in the PCNZ's CPD model is the preferred approach of the PSI.

PSI is aware that developing the assessment methods that will ensure the competence[1] of all pharmacists on its register represents a significant challenge. Meeting this challenge is essential nevertheless, if patient safety and public protection are to be assured. PSI considers that a specific model of CPD is required if these requirements are to be met. In responding to the specific questions posed as part of the Review of Continuing Pharmaceutical Education (CPE) in Ireland, the PSI will set out below its vision for the model of CPD it considers will best serve the interests of patients and the public.

2. Accreditation/Quality Assurance of Continuing Education and Continuing Professional Development

- *Responsibility for determining CE/CPD needs*

The Pharmacy Act provides that the PSI shall ensure that pharmacists undertake appropriate continuing professional development, therefore, the PSI has a statutory responsibility to determine the strategic and high-level CE/CPD needs of the profession of pharmacy. The setting of strategic agendas by the PSI in determining the "appropriate" CE/CPD needs of the pharmacy profession will be done in consultation with all relevant stakeholders. Sector-specific and individual needs should be identified in conjunction with employers, the trade associations, individuals, etc. as appropriate. Standards for specialisations within the profession will be set by PSI as and when specialisations in pharmacy practice are developed in Ireland.

- *Quality assurance and accreditation of CE/CPD and delivery*

In line with best practice internationally and as stated in current government policy by the National Qualifications Authority of Ireland, the optimum model for the education and training of the professions is that the professional regulatory body sets the standards for the recognition of professional qualifications/titles and accredits/approves/recognises the awards of an awarding body and/or the learning programmes of a provider as meeting its needs as a professional regulator.

PSI would seek to be in line with this optimum model and should therefore be the body responsible for the accreditation and quality assurance of CPD programmes and/or programme providers. The governance framework for this approach needs further investigation and analysis, in consultation with key stakeholders, in order to ensure an effective structure and appropriate outcomes.

3. The Future Development of CE and CPD for Pharmacists in Ireland

Ireland currently has three Schools of Pharmacy engaged in the delivery of post-graduate/post-qualification pharmacy education. The School of Pharmacy in Queen's University, Belfast (QUB) makes a total of four universities on the island of Ireland which represent a significant resource for the growing numbers of registered pharmacists in both jurisdictions. Furthermore, QUB

[1] Within this document, competence is used to describe the likelihood of effective performance in a specific context in the future. Competencies represent attributes such as knowledge, skills, attitudes and values. PSI's understanding is therefore that the CPD framework involves 'the accumulation of competencies, but not as isolated knowledge, skills and attitudes or personal qualities. Rather they are contributions to a repertoire of competencies that together represent professional competence.' (Friedman 2007, p. 54).

hosts the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training (NICPPET) which offers considerable opportunities for synergies and shared learning through its experience in the establishment and management of the Pharmaceutical Society of Northern Ireland's (PSNI) CPD function. While different legislative and practice conditions undoubtedly exist in both jurisdictions, PSI considers that there are opportunities nonetheless for collaboration in areas of common concern to pharmacists on the island of Ireland.

Under the Pharmacy Act 2007 and in the context of CPD, PSI is designated as the main policy-maker and agenda-setter for the CPD requirements for all registered pharmacists or those seeking to register.

While high-level policy direction and accreditation of CPD and CE training providers will be the role of the PSI, it is also tasked in the Act to engage in or to commission research into best practice in pharmacy education, including CPD and CE.

To date in Ireland there has been no mandatory requirement to engage in CE at the behest of the regulator (apart from 10 hours per annum of CPE for active tutor pharmacists). The PSI's aim would be to work towards a CPD model that is reflective, empathetic and focussed on outcomes in the best interests of patients and the public. However, the most effective path for transforming requirements for pharmacists in Ireland from conditions of voluntary CE to a CPD-based recertification/relicensing process requires in-depth analysis and consideration. CE has been shown to have limited value as a vehicle for continuous maintenance of competencies and limited success in impacting on practice behaviour or improving patient outcomes. While the traditional measurement of CPD and CE has been by a credit or point system relating to attendance at courses or conferences or unstructured reading and workplace learning, the challenge for CPD as a vehicle for recertification/relicensing includes the setting of criteria against which CPD may be measured and determining just how much CPD will be enough. The transition from the current system of voluntary CE to the introduction of the broader, and in time enforceable, model of outcomes-based CPD will therefore require in-depth analysis and careful strategic planning and implementation by the PSI in association with the relevant stakeholders.

4. How might the scope change in the context of the new Pharmacy Act?

Article 7.(1)(d) of the Pharmacy Act 2007 provides that one of the PSI's main functions is *'to ensure that pharmacists undertake appropriate continuing professional development, including the acquisition of specialisation (…).'*

Furthermore, Article 14.(1)(d) provides that the Council shall register a person in the pharmacists' register if the person *'satisfies the Council that the person is fit to be a registered pharmacist (…).'* Fitness in this context may be understood to include evidence of the pharmacist's competence measured against a set of standards which could incorporate CPD.

The fitness to practise provisions in the Pharmacy Act 2007 under article 35.(1)(b) apply to complaints made to the Council about a registered pharmacist on the grounds of *'poor professional performance within or outside the State'* which would also appear to extend the scope of measuring CPD when considering complaints of this nature.

The Pharmacy Act 2007 mandates the PSI to develop policy and set standards in the area of CPD. As statutory regulator, the PSI will be accountable to the Minister, Department of Health & Children and the Oireachtas in the performance of this statutory function. Policy development will be carried out by the PSI in collaboration with the Department of Health & Children and in consultation with key stakeholders.

5. Universality of CE Provision

As outlined above, overseeing the development and implementation of an outcomes-based CPD model is the PSI's aim. This model must be universal in its application and be a requirement for all registered pharmacists, regardless of sector of activity (community, hospital, academia, industry, government agency, etc.). PSI considers that an element of CE/CPD training must also be tailored to the specific needs of each sector of activity/category of pharmacist and these needs will have to be identified and monitored on an ongoing basis.

In order to ensure best patient care through the interdisciplinary provision of healthcare, the PSI believes that an integrated approach to CPD is required. This will necessitate detailed discussion with other healthcare professions in order to devise and plan training programmes which deal with treatment regimes in a more integrated manner (for example, a CE/CPD programme in pain management). The education and training of health professionals at all levels, from undergraduate through to CE and CPD, must be integrated and synergistic to ensure best patient outcomes.

PSI also advocates the development of training which promotes upskilling/reskilling of pharmacists, i.e. training which will enhance a pharmacist's competency in a particular area of clinical practice and which will upgrade existing skills to a higher level or indeed provide the pharmacist with new skills.

As healthcare is very much a product of the globalised world, it is vital that dynamic links are established with pharmacy bodies and other healthcare professions internationally in order to be at the cutting edge of innovative healthcare products and care regimes as they develop globally. Training in these new treatments, care regimes and training for expanded care roles will therefore form an essential part of the future CE/CPD structures.

Delivery of training will, of course, require a network of skilled trainers and a 'Train the Trainers' scheme must be developed and a nationwide network of 'qualified' trainers be established.

6. ICCPE into the future

The PSI recognises the value of the contribution made by the ICCPE to the CE needs of pharmacists since it was set up in 1998. It is also aware, however, of the difficulties that could arise in developing a CPD model if the current structures were to remain in place.

For this reason, the PSI suggests that a new entity be created to develop and implement a mandatory outcomes-based based model of CPD subject to the PSI's and the Department of Health & Children's policy directions following consultation and collaboration with key stakeholders. This new entity (which may be called a College of Pharmacy Practice or the National Centre for Pharmacy Training & Development but this requires further discussion) would be accountable to the PSI (and by default to the Minister for Health & Children). Its governing body would include representatives of the main stakeholders, including but not limited to:

- PSI
- Representatives of the main employers, i.e. HSE; representative of the major pharmacy chains
- Representative from each school of pharmacy
- Pharmacist representation from each sector of activity, i.e. hospital, academia, community, industry, government agency, etc.
- Representatives from agencies such as the Health Information & Quality Authority, the Mental Health Commission, the Health Research Board, the National Cancer Strategy expert group, etc.
- Educationalist with expertise in professional education and training and lifelong learning
- International expert in healthcare provision and CPD

The new entity should have its national headquarters located in or near to Dublin city centre but with regional coordinators located one in each of the HSE's four administrative areas, i.e. Dublin North East; Dublin Mid-Leinster; West; and South. The entity should be managed by a Director of CPD with the position being homologous to a university professor in Ireland.

Learning events should be hosted where feasible in HSE facilities and CE centres or in any of the higher education institutions located in these four regions. This will allow the extensive facilities that the universities and the institutes of technology have invested in to enable them to deliver more flexible forms of education, such as programmes that use e-learning or blended learning methods. This infrastructure could be adapted by the new entity for the delivery of CPD and CE events.

7. Current Services

At the outset, it will be necessary to carry out a comprehensive baseline survey of current competencies among all registered pharmacists. This will form the basis for future longitudinal research and as a benchmark for future developments. The setting of standards against which a pharmacist's practice and competencies will be measured is therefore required as a matter of urgency.

The new entity will need to engage in needs-analysis activities in line with the policy direction set by PSI in order to identify learning requirements and to monitor the levels of these needs as to whether or not they are being met. The uptake of learning events will need to be assessed and barriers to participation should be identified and remedied, within reason.

8. Funding of CE and CPD

As an independent body, the new entity will require Exchequer monies to fund its establishment and should be run on a quasi-commercial basis, i.e. revenue-driven, with income derived from an annual subscription fee from registered pharmacists and training programme fees. A recurrent grant from the Exchequer will also be required to allow the new entity to grow and develop and in view of the statutory requirement for CPD.

Employers, particularly those in the private sector, should be eligible for tax benefits if they are facilitating the CE/CPD activities of their employees.

9. Policy

As research is ongoing into seeking a better understanding as to how adults learn and also as to how new technologies and methodologies can be incorporated into teaching and learning strategies, it is essential that the PSI, as the statutory policy-maker in the area of CPD for pharmacists, remains current in international thinking and developments in this area. Commissioning research into aspects related to this and other areas of educational import will form part of the PSI's strategy in the area of CPD.

The new entity as described above must be networked with the expertise available in this area, both nationally and internationally, and covering all aspects of education and learning. This should include attendance at international conferences and symposia in the field of lifelong learning (such as the bi-annual Lifelong Learning in Pharmacy conference). Expertise should be identified not only from within the pharmacy sector [such as the centres established in the University of Manchester (Centre for Pharmacy Postgraduate Education), Queen's University, Belfast (the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training), Cardiff University (the Welsh Centre for Post-Graduate Pharmaceutical Education), NHS Education for Scotland (Pharmacy), Pharmaceutical Society of New Zealand, Inc.,] but also from, for example, other healthcare practitioners, professions with advanced and well-established forms of mandatory CPD (such as accountants), also educationalists, government-level policy-makers in the area of education and skills development and human resources practitioners with training and development expertise.

Interdisciplinary learning networks should be developed by the new entity along regional or national lines. These networks should include representatives of the other healthcare professionals and sharing of mutual learning and of experiences of CPD should be encouraged.

The development by the new entity of a national network of county-based CPD coaches and mentors will be necessary, particularly in remedial situations where competence has been considered to be lacking or for cases of restoration to the register. Mentoring and coaching would also be a feature of informal learning activities if and when they form part of a CPD model. Pharmacists acting as coaches and mentors will be required to demonstrate as a precondition that their competence is of the required standard.

The new entity will need to ensure a wide diversity of delivery methods of learning events in order to create more family- and gender-friendly learning opportunities. Extensive use of new technologies, such as web-based delivery (via a Virtual Learning Environment) and webcasts will be required. Distance learning coupled with weekend residential courses should also be considered. Research evidence shows that constraints on accessibility of training, lack of time and of incentives need to be addressed for pharmacists, who all operate under busy, demanding schedules that have implications for the work-life balance.

Learning opportunities will need to be closely aligned with developments in the scope of pharmacy practice, in terms of, for instance, basic clinical assessment, or the areas of special needs of seniors, health promotion, family planning and sexual health. Other areas to be developed include the needs of the ethnic communities in Ireland, road safety and innovative treatment areas, such as genome therapies etc.

PSI would also wish to promote the development of centres of clinical excellence in pharmacy practice. These centres may be in a variety of care settings in which pharmacy is practised. Such centres of pharmacy excellence would incorporate models demonstrating best practice and would engage in the development of innovative practice standards, clinical approaches, strategies and treatments as well as in the training, including CPD, of healthcare professionals.

Finally, PSI would support the development of CPD activities that incorporate aspects of informal learning into an outcomes-based CPD model. While this concept requires further research and careful analysis, particularly in view of the limited availability of research evidence, PSI is aware of studies that reveal an increase of pharmacists in other countries who report engaging in informal CPD (see Wilson *et al.*, 2003). Mentoring and coaching would play an important role in any such initiative as well as the possibilities for rotations, visits and shadowing. The organisation of professional networks, including interdisciplinary networks as outlined above, would also be a key element in incorporating informal learning within an outcomes-based CPD model.

10. Concluding Remarks

The Pharmacy Act 2007 represents an important turning point for the profession of pharmacy in Ireland. In developing the CPD model that best fits the needs and practice requirements of pharmacists in Ireland and that is premised upon the continual improvement of patient care and outcomes, PSI will have regard to the experiences of both pharmacists and other professions nationally, and internationally, as well as key stakeholders, with a view to learning from others and from best practice.

The PSI Corporate Management Team would welcome the opportunity to meet with the CPE Review Group and to make an oral submission on its vision of CPD for pharmacy as contained in this paper.

11.05.2007

Appendix 1: References

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