Community pharmacists and continuing professional development — a qualitative study of perceptions and current involvement

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Abstract

Aim
To investigate community pharmacists’ perceptions and ideas about what constitutes continuing professional development (CPD) and to establish the types and amounts of CPD undertaken.

Design
Qualitative, semi-structured, interview-based study.

Subjects and setting
A purposive sample of 21 community pharmacists, practising in Nottingham. Pharmacists were recruited to include those working for multiple, small chain and independent pharmacies, including proprietors. Full-time and part-time pharmacists were targeted.

Results
Few pharmacists understood and practised the principles of CPD. Most found it hard to describe how they assessed their own learning needs. Only one pharmacist used a systematic method and, on probing, needs were often identified through a practice situation, which had made the pharmacist uncomfortable by highlighting an area they felt unfamiliar with. There was little reported evaluation of learning; indeed many pharmacists were unsure how they could do this. A recurring theme was that pharmacists queried the relevance of CPD once their career had progressed as far as they desired or believed themselves capable of, and were in “maintenance” mode.

Conclusions
This study provides important baseline data on community pharmacists and CPD from which future progress can be assessed. Many pharmacists are not engaging fully in CPD and need further support to enable them to do so. Our findings on differential motivation to engage in CPD at different career stages are new and emphasise the need for the purpose and practicalities of CPD to be better transmitted.

n 2001, the Royal Pharmaceutical Society of Great Britain produced its consultation document, “Reform of disciplinary machinery and the introduction of competence based practising rights”, which proposed that pharmacists will be required to submit continuing professional development (CPD) documentation to the Society every two to three years in order to retain their practising rights. Pharmacists have, therefore, known for some time that CPD would become mandatory. It was introduced by the Society on a rolling programme in October 2002 and has now replaced the earlier requirement for all pharmacists to complete 30 hours of continuing education every year.

This professional requirement started from January 2005 for all practising pharmacists. When registering as practising in 2005, pharmacists were required to sign a declaration that they would undertake CPD and keep a record of it.

The powers that are required to make CPD mandatory should be in place by the end of 2005 and hence it is expected that pharmacists will start submitting their CPD records shortly after. Continuing professional development is defined by the National Health Service as “a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and health care priorities of the NHS and which enables professionals to expand and fulfil their potential”. It is the view of the Government that CPD-linked practising rights will assist in continuing to raise standards of practice across the profession as well as increasing the accountability of the pharmacy profession to the public and Government.

CPD is a proactive process and, in the Society model, consists of four stages:

- Identification — Individuals make an assessment of their learning needs in terms of personal, career, organisation and patient objectives
- Planning — Individuals should consider all the options available to ensure the most appropriate method is used to meet the identified need
- Implementation/action — The third stage involves implementation of the most appropriate method identified in the “Planning” stage (actions can be “formal”, for example, attendance at a continuing education course, or completion of a distance learning pack, or “informal”, which involves activities such as work shadowing, discussions with colleagues and so on)
- Evaluation/reflection — At the fourth stage of the CPD cycle, individuals should assess the following:
  - Effectiveness — how well did the development activity meet the identified need?
  - Appropriateness — was the development activity the most appropriate?
  - Efficiency — was the development activity the most efficient way of meeting the identified need?
  - Impact — how has the new knowledge or skills been implemented, and what impact has it had on professional practice?
In some cases this stage may actually identify further development needs.

There is little published research to demonstrate the extent to which community pharmacists are currently involved in CPD. Bell et al. investigated pharmacists' perceptions of CPD through a postal questionnaire mailed on two occasions to all pharmacists on the register of the Pharmaceutical Society of Northern Ireland (n=1,689). A response rate of 24.1 per cent was achieved (n=407). The results showed that 57.2 per cent understood the distinction between continuing education and CPD, almost 70 per cent agreed that they had been practising continuing education rather than CPD, and 38.6 per cent had completed over 30 hours' continuing education in the previous year. With regards to the CPD cycle, 43.3 per cent regularly identified their training needs, 15.9 per cent maintained a CPD portfolio, and 14.0 per cent regularly reflected on their progress. Approximately 90 per cent agreed it was necessary for practising pharmacists to participate in CPD. The majority agreed that engaging in CPD would enable them to be more confident and professional in their approach to patients and other healthcare professionals. Barriers to participation included lack of time, remuneration and locum cover, location and type of courses provided and lack of understanding about CPD. Almost 50 per cent of respondents were in favour of mandatory CPD but few favoured disciplinary actions by the Society for those failing to meet the requirements.

The study by Mottram et al. involved a postal questionnaire which was sent out to all pharmacists (n=750) in the Liverpool and Wirral branches of the Society in January 2002 with a final return date in early February 2002 (a similar time frame to our study). A response rate of 43.3 per cent was achieved (n=323). Of the respondents, 61.2 per cent said they understood the difference between continuing education and CPD and 90.4 per cent had undertaken continuing education within the previous 12 months; 49.6 per cent had completed over 30 hours' continuing education in the previous year. With regards to the CPD cycle, 41.2 per cent regularly identified their training needs and 28.5 per cent maintained a CPD portfolio. Just over 80 per cent agreed all pharmacists should engage in CPD but only 10 per cent thought that any pharmacist who did not complete 30 hours of CPD should be removed from the register. Obstacles to participation included time and other pressures of work. A postal survey for the Community Pharmacy Clinical Governance Baseline Assessment (a Society questionnaire) in the (then) Nottingham Health Authority area was conducted during 2001.7 Correctly completed assessment questionnaires were returned by 73 per cent of pharmacies; the results showed the average number of continuing education hours completed the previous year was 28.2 hours (range 0–100).7 The Society questionnaire did not record any further detail of the CPD undertaken, or of how respondents implemented the CPD cycle.

The aims of our research were to investigate community pharmacists' perceptions and ideas about what constitutes CPD and to establish the types and amounts of CPD undertaken.

Methods

A qualitative method was used. Semi-structured interviews were conducted during 2001 with 21 community pharmacists practising in the Nottingham area. Purposive sampling was conducted using the findings from the baseline assessment mentioned above. Permission was obtained from both the Nottingham Local Pharmaceutical Committee and the Health Authority clinical governance lead to use those data. Although the responses in the pharmacist's section of the questionnaire did not name pharmacists, it was possible to identify the pharmacy in which the pharmacist worked. Responses from full-time and part-time pharmacists were 86 and 47, respectively (approximately 2:1), from 117 pharmacies (73 per cent of the number surveyed). It was, therefore, decided to maintain this ratio in the interview sample for our study.

Pharmacists reporting levels of continuing education from zero to over 30 hours per year were invited to take part. Although the sample was selected to take account of pharmacists from national chains, small chains and independent pharmacies, and pharmacists working full- and part-time. The reason for using pharmacists that responded to the baseline assessment questionnaire was to ensure that a cross section of pharmacists was targeted, including those completing no hours to those completing the Society's recommended 30 hours per year of continuing education. The decision was made to exclude locum pharmacists because the scope of this study was "pharmacists in charge" and it was thought that locums warranted a separate study.

Contact was made with the secretary of the local research ethics committee. A reply was received stating that ethics approval would not be required for the study. A letter was sent, with a brief outline of the research, to superintendent pharmacists of national and independent pharmacies, and pharmacists from national chains, small chains and independent pharmacies, and pharmacists working full- and part-time. The reason for using pharmacists that responded to the baseline assessment questionnaire was to ensure that a cross section of pharmacists was targeted, including those completing no hours to those completing the Society's recommended 30 hours per year of continuing education. The decision was made to exclude locum pharmacists because the scope of this study was "pharmacists in charge" and it was thought that locums warranted a separate study.

When asked about the continuing education they had undertaken the most common type reported was reading pharmacological journals, particularly The Pharmaceutical Journal and Chemist and Druggist. All of the pharmacists interviewed reported reading The Pharmaceutical Journal; the frequency varied from very occasional to weekly reading. Most pharmacists said they usually scanned through The Pharmaceutical Journal or the local weekly, picking out any important articles for reading at a later date. When asked why they chose to read The Pharmaceutical Journal the most popular answer (n=13) was its easy accessibility because it was sent to them. Other reasons included a need to keep up-to-date, The...
Pharmaceutical Journal was interesting, well-written, and contained useful topical information on treatments and prescribing advice. Also important was the need to be aware of what was happening within the pharmacy profession. However some pharmacists seemed to read it out of habit:

Why do I read The Journal? You just do if you’re a pharmacist, you just do! Thirty years I’ll have read it on a Friday — Pharmacist I (age 53)

Attendance at workshops provided by the Centre for Pharmacy Postgraduate Education (CPPE) and completion of the centre’s distance learning packs were also frequently reported, although some pharmacists were unaware of the range of products available:

I didn’t know there was one [CPPE distance learning packages] actually. That would be what I need really. I didn’t know there was one — Pharmacist H (age 40)

Six pharmacists were undertaking or had completed a postgraduate diploma and two had completed a master’s degree. Those who had, or were undertaking, a postgraduate diploma said they enjoyed it because of the additional clinical knowledge they gained, and because some of the areas covered were topics they would not normally investigate (such as hospital discharge issues). Postgraduate study was reported to “refresh” the original degree and it gave a structure and deadlines for learning:

... it also gave me an opportunity to learn in depth about issues I wouldn’t have time to do otherwise — Pharmacist F (age 45)

One pharmacist, an independent proprietor, was an associate member of the College of Pharmacy Practice.

When questioned about barriers to non- or limited participation in CPD or continuing education, the main response was lack of time:

... my life is already full and it’s bad enough working without, you know, you just can’t keep up with everything. — Pharmacist H (age 40)

Also raised was how user friendly the available continuing education or CPD courses and packages are:

... I could maybe do with something a bit more . . . erm, user friendly for someone in my situation who doesn’t have a lot of spare time . . . possibly — Pharmacist T (age 32)

Other barriers included the difficulty in undertaking continuing education after a long, hard day at work, family commitments, lack of locally available courses and the cost of locum cover to attend daytime courses, loss of interest in pharmacy as a subject generally and viewing continuing education as a low priority:

[Thirty hours] a year, is that what I am supposed to do? Lack of interest . . . I have plenty of other things to do apart from pharmacy — Pharmacist M (age 50)

Few pharmacists understood and practised the CPD principles and there was confusion about the difference between CPD and continuing education, as two pharmacists asked:

How would you describe it as opposed to continuing education? — Pharmacist I (age 53)

Isn’t [CPD] the same thing with a new tag on it? — Pharmacist J (age 36)

Most perceived a need to have “certificated” hours in order to feel that they had achieved the Society’s target of 30 hours:

I mean I’ve got all that I need from the CPPE either the distance learning or the workshops and I know I get my certificates to say I’ve done the hours — Pharmacist L (age 39)

Of those pharmacists undertaking CPD, most acknowledged that some of their learning was undertaken during work time rather than completely in their own time as was the case for continuing education. The concept of CPD being more focused than continuing education was also highlighted:

I think continuing professional development is a lot more focused so you are identifying a weakness in yourself rather than something you are interested in — Pharmacist N (age 26)

Few pharmacists had received any sort of training in relation to CPD. For those who had, resources included company meetings, the National Pharmaceutical Association, reading relevant articles in The Pharmaceutical Journal, reading the Society’s ‘Medicines, ethics and practice’ guide and information from work colleagues and line managers. The perceived benefits of undertaking CPD were generally positive and included, for example, obtaining new knowledge and skills or refreshing knowledge. Recognition of their achievements increased their motivation. Incentives from employers also played a part:

... again you get the bonus and it has helped, it has refreshed . . . more than refreshed really . . . knowledge in the subjects I’ve done — Pharmacist L (age 39)

Six of the pharmacists had a CPD portfolio; four of them worked for large national chains and two for small chain pharmacies, and four worked full-time. Some participants found that keeping a CPD portfolio helped them remember their accomplishments whereas others explained its importance in relation to interview situations:

... it’s good for the profession, erm, and you know, mainly for an interview situation to prove what you’ve done — Pharmacist N (age 26)

One participant said he kept a CPD portfolio in order to be eligible to receive a company bonus whereas others thought of it as “evidence”. One pharmacist explained:

It’s easy to audit, it’s easy to spot areas that I’m covering more or less often — Pharmacist E (age 25)

Most of the pharmacists who recorded their CPD did so retrospectively:

It’s probably when I realise I’ve completed a cycle I see that then as an opportunity to fill in, to fill it in because . . . one I haven’t done many of them and two because sometimes I don’t have an opportunity to reflect and I don’t like leaving sort of, things sort of left open — Pharmacist R (age 23)

One pharmacist recorded the necessary information after completing each stage of the cycle. Another had attempted to do this but admitted most of her evidence was written retrospectively.

Pharmacists found it hard to describe how they assessed their own learning needs. Only two pharmacists used a systematic method of identification and, on probing, needs were often identified through a practice situation which had made the pharmacist uncomfortable by highlighting an area she felt unfamiliar with:

... if it’s something that I’ve got caught out on, particularly like with a customer, who’s like asked my advice on something and I just sort of think oh no I’m not quite sure on this or if it’s something the girls [in the shop] draw to my attention — Pharmacist K (age 27)

Some of the participants said they had never assessed their learning needs before and the interview itself appeared to be a stimulus for one to consider this:

Talking to you about it, I’ve not assessed it before — Pharmacist M (age 50)

Frequency of needs identification was therefore variable and few pharmacists assessed their needs through a systematic method:

I don’t carry it out systematically I must admit, it’s nothing systematic, it’s more a question of ern . . . of sort of ern a random kind of thing really — Pharmacist P (age 42)

Despite few pharmacists reporting that they systematically assessed their learning needs, when asked if they could identify an area in which they felt they required further development, over two-thirds of the pharmacists were able to do so.

Only two pharmacists were able to describe how they planned their CPD activities once a learning need had been identified. One pharmacist planned, either alone or with others, areas of activity around the identified need. The second pharmacist followed the
Society’s core syllabus, planning in any addi-
tional topics or areas pertinent to her role:

... draw up a programme and ensure that over five
years I have covered that programme, erm adding in
any specific topics that would be pertinent to my
specific role outside that core syllabus — Pharmacist U (age 46)

One pharmacist who did not plan her
CPD activities explained:

... if I actually thought about it and had more time
to think about it I would do it so that one subject
then rolls onto another, that’s really how it should be
done I mean how do you do that, how do you plan, I don’t know — Pharmacist J (age 36)

Activities undertaken to meet identified
needs frequently involved CPPE workshops,
CPPE distance learning packages, postgradu-
ate diploma courses and reading articles in
professional journals and magazines. Other
pharmacists used activities such as work-
shadowing or talking to an expert in order to
meet their identified need. One pharmacist
considered CPPE to be the only resource
available to pharmacists:

... I can’t see what other resources we’ve got really
except CPPE ... Pharmacist P (age 42)

The issue of time was also emphasised:

... often through reading [books] because the prob-
lem with courses is when do you find the time? — Pharmacist Q (age 68)

There was little reported evaluation of
learning; indeed many pharmacists were un-
sure how they could do this. Only one phar-
macist described how she reflected on what
she had learnt:

... when you’ve done the activity you then have to
look at how that’s helped and do you need to do
anything more, is it a style you’d use again . . . and
then I record that I’ve done it . . . — Pharmacist E
(age 25)

Another participant highlighted that re-
flexion and evaluation was a part of the CPD
cycle less likely to be undertaken by pharma-
cists:

I think that’s sort of the cycle that I am less good
at because it’s something that I think comes, erm,
 isn’t . . . is part of the CPD cycle that I didn’t do
before — Pharmacist R (age 23)

In terms of how participants applied their
new learning, responses involved either bene-
fit to their patients, benefits to their staff or
improved performance. With regards to pa-
tients, the respondents reported implement-
ing their new learning through more effective
counselling, application of their new skills
when dealing with patients and when an-
swering customer, staff or other health care
professionals’ queries. Implementation of new
learning, in relation to staff, included con-
ducting training sessions and sharing new in-
formation with colleagues. Improved
performance was reported to result from
changes to an area of practice, organising
health promotion and awareness events and
seeking out opportunities to apply what has
been learnt, for example, requests for emer-
gency hormonal contraception. Some phar-
cacists did comment that implementation
depended on what the topic or area of new
learning was.

Of the 21 pharmacists interviewed, 20 said
they agreed that CPD should be mandatory.
Reasons given for this included to improve
the standards in community pharmacy and to
improve public and other health care profes-
sionals’ perceptions of community pharmacy.
The fact that CPD is already mandatory in
other professions was also an important fac-
tor. One pharmacist thought it had been a
long time coming, while others thought
mandatory CPD would motivate them to
complete it:

Generally I’m, I’m in agreement of making it
mandatory...Erm you know because it’s... it’s you
know erm, I think by having it that you are actu-
ally forced to do it because otherwise there are too
many erm... areas you know, too many other
things to avoid doing it — Pharmacist S (age 41)

A number of participants thought that
CPD would be a “way of life” for newly qual-
ified pharmacists, whereas others considered
there was a need to re-educate pharmacists as
to why CPD is important.

Questions were raised about the practical-
ities and attainability of the mandatory CPD
scheme. Participants also queried whether
there would be systems available to get help
and support. One pharmacist stressed the im-
portance of an action plan for implementa-
tion and the need for protected or paid time
in order to participate in CPD:

I’m not sure how they are going to collate it, and I
think there ought to be sufficient funding and sup-
port and everything and an action plan as to how
it’s actually going to be implemented and I
don’t think it’s at that stage yet. But I also think
that it shouldn’t be presumed that people will do it
in their own time, I think there should be funding
to pay, extra pay involved — Pharmacist T
(age 32)

Some pharmacists thought the proposals
had not been thought through properly,
whereas others thought they were not practi-
cal and would not apply to everyday profes-
sional life.

Additional concerns included the avail-
ability of information about how the system
would work, what would be expected, how
much paperwork would be required, how the
scheme would be managed effectively, what
support would be available and how time-
consuming mandatory CPD would be. Also
raised was the provision to be made for
locums to participate in mandatory CPD.

One pharmacist thought that mandatory
CPD might create an exodus from the phar-
macy profession:

It should be ... mandatory, but I think it will force
a lot of us to do continuing education that we’re not
doing but on the other hand it might make some
people leave the profession and as they’ve got a
shortage already, they might regret it. It’s better to
have a few pharmacists than none at all — Pharmacist G (age 35)

Some participants believed that mandatory
CPD questioned their professionalism:

I think constant checking on you all the time is just
like this big brother attitude and it’s just more pres-
sure where I don’t really need it — Pharmacist H
(age 40)

A recurring theme among the pharmacists
interviewed was that they queried the rele-
vance of CPD once their career had pro-
gressed as far as they desired or believed
themselves capable of, and were in “mainte-
nance” mode:

As I say I am winding down rather than winding
up in that respect — Pharmacist M (age 50)

It’s 30 years too late to ask me about that —
Pharmacist Q (age 68)

When asked about support or help re-
quired to develop a CPD portfolio the re-
sponse was similar:

I suppose if I was looking to a further career you
know I might, but my career is coming to an end
— Pharmacist M (age 50)

When asked what support was needed for
developing their own CPD, participants made
several suggestions. One wanted the opportu-
nity to meet with other pharmacists for sup-
port and to share information and ideas. She
also thought that protected time to develop
her portfolio was essential. Another pharma-
cist thought that a set of multiple-choice
questions to help identify learning needs
would be advantageous. A third wanted guid-
ance on how to develop personal objectives,
and another wanted easier access to informa-
tion. Access to the internet at work was also
considered crucial. One pharmacist thought
it was the responsibility of the national and
small chains to convince their employees to
participate in CPD:

I think for a company the size of ours (small chain)
and for things like Boots and Lloyds it’s very much
going to be led from the top in the fact that it can
be fed to them, in that the pharmacists accept it and
 do it, and they see it as part of their job — Pharmacist A (age 35)

Discussion
Qualitative studies, by their nature, involve
small samples and our findings were not in-
tended to be generalisable to all pharmacists.
This study involved pharmacists from a range of community pharmacy backgrounds and practice experiences, and enabled in-depth exploration of the reasons underlying participants’ responses. The findings add to those from previous quantitative research on pharmacists and CPD by providing a deeper understanding of pharmacists’ experiences of each stage of the CPD cycle. Furthermore they provide new insights into pharmacists’ attitudes towards the place of CPD at different points in their careers.

This study showed that, although the mean amount of continuing education undertaken the previous year was close to the minimum recommended by the Royal Pharmaceutical Society, the range was extremely wide. However less than half achieved the Society’s recommended minimum of 30 hours, a finding comparable to that of other studies.17,18 For all but one participant there was no record or log of their learning. Most continuing education was undertaken in pharmacists’ own time.

Few pharmacists understood the basic principles of CPD. Throughout the interviews there was an expressed need to have “certificated” hours in order for participants to feel that they had achieved the Society’s minimum target of 30 hours; there was no indication that participants thought that CPD would change this requirement. Furthermore few pharmacists mentioned “learning on the job” and most viewed continuing education and CPD were viewed primarily as activities that were separate from professional work.

An important factor in relation to usage of CPD resources was ease of access to CPD and continuing education activities; pharmacists were more likely to read professional journals, attend courses or send for distance learning packages when information was sent direct to them. Locality was also an important issue.

Less than a third of participants in this study had a CPD portfolio, a finding similar to that of a previous study.20 The percentage found by Bell et al was far smaller,3 but their study was published in 2001 so an increase in the use of portfolios since then would be expected. In the current study CPD was mainly recorded retrospectively, when the pharmacists were asked to reflect on their continuing education and CPD were viewed primarily as activities that were separate from professional work.

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The relevance of CPD was queried by some pharmacists nearing the end of their careers. In phase 1 of the Society’s pilot it was notable that the number of pharmacists who responded positively to an invitation to participate was significantly lower among community pharmacists aged 50 and over. The findings on differential motivation to engage in CPD at different career stages are new and emphasise the need for the purpose and practicalities of CPD to be better transmitted. The concept that CPD is important in maintaining patient safety by ensuring that professional practice is up to date was not articulated by participants in our study.

Since this research was conducted the Society and the Centre for Pharmacy Postgraduate Education have delivered a major programme of events and information provision about CPD. This research has identified particular challenges and its findings could be used as a baseline from which to track progress.

**Conclusion**

This research has important implications for the implementation of CPD, confirming previous research findings that many pharmacists are not engaging fully with CPD and need further support to enable them to do so. Our respondents’ differential motivation to engage in CPD at different career stages suggests that further attention needs to be paid to pharmacists’ motivation to participate. These findings can be used by policy makers, employers, and CPD facilitators to help support the implementation of mandatory CPD.

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