Overcoming barriers to engagement in continuing professional development in community pharmacy: a longitudinal study

By Raisa Laaksonen, Catherine Duggan and Ian Bates

The Department of Health has emphasised the link between lifelong learning and the quality of healthcare provided by the NHS, encouraging healthcare professionals to identify and meet their learning needs to maintain their competence. Continuing professional development (CPD) has been recommended as one way to ensure the competence of healthcare professionals, including pharmacists. The Royal Pharmaceutical Society of Great Britain has defined the aim of CPD as "to provide a means for the profession to reassure the public that pharmacists maintain and enhance their capabilities throughout their working lives", which emphasises the link between CPD and patient safety. Past research has shown that pharmacists may also perceive other factors, such as "the opportunity to break the routine" provided by learning, "having the opportunity to interact and exchange ideas with others" and "requirements for maintenance of professional licensure" to influence their participation in learning activities.

Since 2005, when registering to practise pharmacists have had to commit to undertake and record CPD unless they declare themselves as non-practising and, in 2007, the Pharmacist and Pharmacy Technicians Order was approved by the Parliament, bringing the implementation of mandatory CPD nearer. However, pharmacists have reported different reasons for not participating in learning activities, for example, a lack of time and resources. Plan and record continuing professional development” offers little support in identifying and prioritising learning needs as it encourages pharmacists to reflect on their current competence to form learning objectives. There is also little support for accessing learning opportunities, which may become a barrier for community pharmacists, who often work alone. Few studies have explored whether community pharmacists’ motivations and perceptions about barriers to engaging in CPD change over time.

The aim of this study was to explore community pharmacists’ perceptions of factors influencing engagement in CPD during 2002 and 2004. At that time pharmacists were required to participate in continuing education (CE) or learning activities which are part of a CPD cycle comprising identifying learning needs, planning learning activities, learning (activities), and evaluating learning outcomes, and changes to professional development requirements were anticipated. The perceptions of a group of pharmacists trained to provide medication reviews were compared with perceptions of a non-trained group.

Methods

The study explored perceived motivations and barriers to engaging in CPD of trained and non-trained community pharmacists using an in-depth individual interviews during a training programme in 2002 and in 2004, following provision of medication reviews in 2003 and 2004. The study was based within the North East sector of the London Strategic Health Authority. A medication review service development project in community pharmacy was conducted within Barking and Dagenham, and Havering Primary Care Trusts. This study was conducted in these two PCTs and in the nearby Tower Hamlets PCT where the service was not developing. A prospective longitudinal study comparing the perceptions of trained and non-trained community pharmacists participated only in continuing education. These findings suggest that pharmacists may need support to engage fully in CPD.

Sample

Trained pharmacists In 2001, Barking and Dagenham, and Havering PCT’s invited all 80 community pharmacists working within the PCT’s to provide medication reviews and 43 were recruited (the trained group). Thirty-seven pharmacists completed clinical pharmacy training and were accredited as reviewers in 2002; two withdrew for personal reasons.

Abstract

Aim

To explore community pharmacists’ perceptions of motivations and barriers influencing their engagement in continuing professional development (CPD) over time.

Design

A prospective longitudinal study comparing the perceptions of trained and non-trained community pharmacists at two points in time.

Subjects and setting

Community pharmacists working in three primary care trusts: Barking & Dagenham, Havering, and Tower Hamlets PCTs.

Outcome measures

Pharmacists’ perceptions.

Results

Five themes of motivations for, and six themes of barriers to engaging in CPD emerged from the interviews at two points in time. Few differences were found between trained and non-trained groups. The three main barriers included a lack of information, a lack of motivation and a lack of time; supply of more information, becoming self-motivated, and integration of CPD into work were suggested as remedies. Over time, the proportion of pharmacists engaging in CPD increased in the trained group.

Conclusions

No change occurred in the motivations for engaging in CPD over time. The pharmacists perceived that they would engage in CPD to attain and maintain competence. However, by the end of the study, a greater proportion of trained pharmacists had begun engaging in CPD whereas non-trained pharmacists participated only in continuing education. These findings suggest that pharmacists may need support to engage fully in CPD.
shop on patient interviews and care planning and a one-day workshop on IT-training. Twenty-six pharmacists provided medication reviews in 2003 and 2004; workload and other reasons prevented nine from further participation.

Non-trained pharmacists Community pharmacists working within Tower Hamlets PCT were recruited to the non-trained group; they had not been offered the possibility to participate in the medication review project and did not participate in the training. Contact details of 35 pharmacies were identified through the NHS website for local pharmacists working within Tower Hamlets PCT. Twenty-six pharmacists provided medication and a one-day workshop on IT-training. The perceptions of the trained group were compared with those of the non-trained group and between the phases to assess any changes in perceptions.

Results Sample In 2002, all 43 pharmacists participating in the training were interviewed. In the non-trained group, 14 of 18 survey respondents were interviewed. Two pharmacists were too busy and refused; another two could not be traced for an interview. In 2004, 33 of 35 trained pharmacists were interviewed; one was too busy and another had retired. Five of seven non-trained survey respondents were interviewed; two were too busy.

The characteristics of the pharmacists are shown in Table 1. In 2002, six, and in 2004, four interviewed trained pharmacists did not

Table 1: Pharmacist characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Phase 1 % (n/N)</th>
<th>Phase 2 % (n/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barking and Dagenham</td>
<td>41 (21/51)</td>
<td>44 (15/34)</td>
</tr>
<tr>
<td>Havering</td>
<td>31 (16/51)</td>
<td>41 (14/34)</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>28 (14/51)</td>
<td>15 (5/34)</td>
</tr>
<tr>
<td>Male</td>
<td>61 (46/57)</td>
<td>82 (23/38)</td>
</tr>
<tr>
<td>Female</td>
<td>19 (11/57)</td>
<td>18 (7/73)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>47 (24/51)</td>
<td>47 (16/34)</td>
</tr>
<tr>
<td>Owner</td>
<td>53 (27/51)</td>
<td>53 (18/34)</td>
</tr>
<tr>
<td>Consultation area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation area</td>
<td>42 (12/50)</td>
<td>41 (13/32)</td>
</tr>
<tr>
<td>No consultation area</td>
<td>58 (29/50)</td>
<td>59 (19/32)</td>
</tr>
<tr>
<td>Appointment</td>
<td>16 (8/51)</td>
<td>32 (11/34)</td>
</tr>
<tr>
<td>No appointment</td>
<td>84 (43/51)</td>
<td>68 (23/34)</td>
</tr>
<tr>
<td>Qualification</td>
<td>22 (11/51)</td>
<td>35 (12/34)</td>
</tr>
<tr>
<td>No qualification</td>
<td>78 (40/51)</td>
<td>65 (22/34)</td>
</tr>
<tr>
<td>Year of graduation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>1984</td>
<td>1984</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>1975–88</td>
<td>1975–86</td>
</tr>
<tr>
<td>Year started at current job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>1990</td>
<td>1991</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>1983–97</td>
<td>1984–97</td>
</tr>
</tbody>
</table>

Data handling and analytical procedures All interview data were stored safely and anonymised. The data were entered onto a database using NVivo 1.3 software for data storage, coding of the interviews and data retrieval. Iterative processes of analysis were employed at phases 1 and 2. A grounded approach was employed and the codes and themes emerged from the transcripts. The perceptions of the trained group were compared with those of the non-trained group and between the phases to assess any changes in perceptions.

Panel 1: Motivational factors influencing engagement in CPD

<table>
<thead>
<tr>
<th>Theme cluster</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1</td>
<td>PURPOSE OF CPD: describes perceptions of the aim of CPD</td>
</tr>
<tr>
<td>Cluster 2</td>
<td>INFLUENCES OF CPD ON WORKING LIFE: describes perceptions of the effects of CPD on working life</td>
</tr>
<tr>
<td>Cluster 3</td>
<td>BENEFIT OF CPD FOR WORK: describes perceptions of the use of skills and knowledge attained through CPD</td>
</tr>
<tr>
<td>Cluster 4</td>
<td>INCENTIVES FOR CPD: describes perceptions of factors related to encouragement and facilitation of CPD</td>
</tr>
<tr>
<td>Cluster 5</td>
<td>FEELING OF BEING COMPELLED TO ENGAGE IN CPD: describes perceptions of compulsion to participate</td>
</tr>
</tbody>
</table>

Personal development: the desire to develop and improve, and acquire new skills and knowledge
Enhance confidence: the feeling of becoming more confident in one’s work
Increase job satisfaction: the feeling of CPD contributing to job satisfaction
Enjoy learning and interaction: the feeling of enjoying learning, and the feeling of increased interaction with other community pharmacists
Relevant to practice: the importance of CPD being relevant to one’s work
Put into practice: the importance of being able to apply attained skills and knowledge in practice
Provision of services: the importance of CPD benefiting provision of services and training for new services
Support for training: the perceived need for support
Funding of training and services: the perceived need for reimbursement and remuneration
Recognition of training: the need for acknowledgement of learning
Regulation of pharmacy: the perceived need for changing the laws regulating community pharmacy before services can be provided
Timing of training: the preferred time for learning activities
Obligation to participate: the perception of professional obligation to continue developing throughout one’s career
CPD becoming mandatory: the perception of CPD becoming mandatory
Guaranteeing participationCPD: the desire to update one’s knowledge
CPD: the importance of being able to apply attained skills
CPD: the feeling of becoming more confident in one’s work
CPD: the feeling of enjoying learning, and the feeling of increased interaction with other community pharmacists
CPD: the importance of CPD being relevant to one’s work
CPD: the importance of being able to apply attained skills and knowledge in practice
CPD: the importance of CPD benefiting provision of services and training for new services
CPD: the perceived need for support
Funding of training and services: the perceived need for reimbursement and remuneration
Recognition of training: the need for acknowledgement of learning
Regulation of pharmacy: the perceived need for changing the laws regulating community pharmacy before services can be provided
Timing of training: the preferred time for learning activities
Obligation to participate: the perception of professional obligation to continue developing throughout one’s career
CPD becoming mandatory: the perception of CPD becoming mandatory
Guaranteeing participation

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complete the survey. Here, data on most characteristics were available for 51 interviewees in 2002, and 34 interviewees in 2004. In 2004, sample attrition may have influenced the perceptions of the non-trained group. Female pharmacists or any with a consultation area in their pharmacy were not interviewed.

**Phase 1: Motivations and barriers to engaging in CPD**

In 2002, many community pharmacists felt motivated to develop themselves, but barriers may have prevented them from engaging in CPD (Panels 1 and 2). There were few differences between trained and non-trained groups.

Personal development, keeping up to date and refreshing skills and knowledge (motivational cluster 1) were important motivators for community pharmacists to participate in learning activities. The desire to learn motivated pharmacists to engage in professional development, thus reflecting its purpose:

M otivate! Well, [...] I want to do it better for my- self [...] and for people. If I’m going to serve them and that would help them, wouldn’t it, if I improve myself I improve my services.

1001B, male trained, section 3

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1</td>
<td>WORK RELATED PRESSURES: describes perceptions of difficulties in managing work and CPD</td>
</tr>
<tr>
<td>Cluster 2</td>
<td>SOCIAL LIFE: describes perceptions of CPD interfering with social commitments</td>
</tr>
<tr>
<td>Cluster 3</td>
<td>LACK OF MOTIVATION: describes perceptions of no motivation for CPD</td>
</tr>
<tr>
<td>Cluster 4</td>
<td>LACK OF RESOURCES: describes perceptions of lack of resources needed for participation in CPD</td>
</tr>
<tr>
<td>Cluster 5</td>
<td>CONSTRAINED SYSTEM: describes perceptions of a restrictive CPD system</td>
</tr>
<tr>
<td>Cluster 6</td>
<td>AGE AND EXPERIENCE: describes perceptions of learning and age</td>
</tr>
</tbody>
</table>

Some trained older pharmacists admitted not having participated in CE. While they had concentrated in ensuring a profitable business, their knowledge had deteriorated. The introduction of CPD presented an opportunity for the pharmacists to acquire new skills and knowledge. Pharmacists were motivated by their desire to enhance confidence, increase job satisfaction, enjoy learning and interaction (motivational cluster 2) and wanted to be able to use the acquired skills and knowledge in practice (motivational cluster 3), especially to provide expected new services, introduced in 2005:

I think when you talk to the patient, [CPD] gives you more confidence. And so, it’s probably part of the job satisfaction what you are doing.

1040B, male trained, section 3

If there is to be new services then I would, of course, need more training. If we start measuring blood pressure, blood glucose levels or cholesterol I would need to do training.

1081B, male, non-trained, section 3

However, the realisation that CE activities did not always have an application in community pharmacy had led some trained pharmacists not to participate in further activities; their efforts had been futile. Although many understood the benefits of CPD, most perceived difficulties in managing both work and CPD which created stress (barrier cluster 1). Many did not wish to study or were not able to concentrate after work. During the day paid work was prioritised:

We have our patients and we have to keep the GPs and nurses happy and we have to keep up with our deliveries that all has to be taken into consideration before we can talk about doing CPD.

1096B, male non-trained, section 6

Pharmacists resented CPD for interfering with other commitments (barrier cluster 2). Female pharmacists reported that family came first:

Family life [...] Afer I finish work, I go home and start another shift, [...] that is one obstacle.

1032B, female, trained, section 4

Some form of compulsion and recognition of pharmacists’ contribution to healthcare was regarded as important as an incentive for engaging in CPD (motivational cluster 4). As CPD would help pharmacists to provide new services they wanted to be remunerated for service provision. Others thought that a lack of motivation (barrier cluster 3) and a lack of resources (barrier cluster 4) would be barriers to their participation:

There are more obstacles than there [...] is provision of encouragement for us to take part in CPD.

1096B, male, non-trained, section 1

The proposed CPD system was thought to be restrictive (barrier cluster 5). Pharmacists thought that they should not be required to employ all different learning activities but be allowed to continue with the one they felt comfortable with and which facilitated their studies. Some disapproved of the introduction of mandatory CPD, six trained male pharmacists considered quitting, and others felt intimidated:

Some older pharmacists perceived that they were experienced enough not to participate in CPD, whereas younger pharmacists thought they were still developing their competence. Perhaps due to the training experience, some older trained pharmacists perceived that studying became more difficult with age (barrier cluster 6):

Mind isn’t as absorbent as it used to be. I have to read something three or four times to grasp it and I am hoping it’ll stick but I am not too sure about that either. Because three weeks later I may need to read it again.

1003B, male, trained, section 22

The interviewees were categorised into three groups according to their participation in learning:
I am lacking certain areas. I know it is going to be
I think that based on my knowledge I realise that
able to identify their own learning needs
participants had begun engaging in CPD; they were
compared to being threatened by it in 2002.
tive about mandatory CPD participation,
non-participants
■ Non-participants — had no motivation or
time to participate in learning activities
By 2004, pharmacists seemed more posi-
tive about mandatory CPD participation,
compared to being threatened by it in 2002.
A greater proportion of trained pharma-
cists had begun engaging in CPD; they were
able to identify their own learning needs
which they tried to fulfil:
I think that based on my knowledge I realise that
I am lacking certain areas. I know it is going to be
good [...] The most important thing is to make sure
I know what I am doing.
1008F, male, trained group, section 7
Attrition may have influenced the non-
trained group, but none had become more
accountable for his or her own learning: they
did not engage in CPD.
Although no new motivations or barriers
emerged in 2004, pharmacists suggested
remedies to minimise the influence of the
three main barriers — a lack of information on
CPD, a lack of motivation and a lack of
time to engage in CPD — and how to over-
come these (Figure 1). The first barrier to
overcome was a lack of information about
CPD. More information was suggested to en-
sure full engagement of pharmacists in CPD:
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Figure 1: Overcoming perceived barriers to engaging in CPD

Discussion
The five themes of motivations for, and six
themes of barriers to, engaging in CPD were
stable over time. Supply of more information,
becoming self-motivated, and integration of
CPD into work were suggested to overcome
the three main barriers.

Strengths and limitations
Although the recruitment of community pharmacists
was geographically restricted and allocation to
groups was not random and the findings may
not be generalisable, the findings provide an
insight into community pharmacists’ perceptions
on complex issues.
Attrition of respondents is to be expected in a longitudinal study: the findings rep-
resent the perceptions of those who were inter-
viewed twice. No non-trained female pharmacists were interviewed in 2004 which
may influence the findings. The pharmacists
were contacted a minimum of three times in
an attempt to persuade them to interview but
various practical factors mean that some are
bound to drop out of such a study.
Ideally, the phase 1 interviews should have
been conducted before the recruitment to
the service development project to decrease
the potential for bias in perceptions of profes-
sional development. However, the PCTs had
recruited the trained pharmacists and the in-
terviews were conducted as soon as practi-
cally possible. The non-trained group was
recruited from another PCT and there were
few differences between the groups’ percep-
tions, implying this bias was minimised.

Overcoming barriers to engaging in
continuing professional development
At the time, engaging in CPD was soon ex-
pected to become mandatory. Similarly to
other studies, personal development, keeping
up-to-date, refreshing skills and knowledge
desire to learn were important motiva-
tions for community pharmacists to partici-
In this study, some pharmacists had not participated in CPD in the
past. Engaging such pharmacists is essential
for successful implementation of mandatory
CPD to ensure pharmacists’ continued competence. Time constraints and other commitments were perceived as barriers to engaging in CPD. Indeed, pharmacists working full time, those who are newly qualified or are in their 30s or 40s may feel further constraints on their CPD engagement. As in this study, female pharmacists felt several barriers between their family and work commitments. As reported in other studies, some perceived that a “lack of remuneration” prevented them from participating in learning activities. Older pharmacists felt experienced that a “lack of remuneration” prevented them from participating in learning activities and newly qualified pharmacists have perceived that they were at the peak of their pharmaceutical knowledge and did not need to participate in CE, but instead needed to develop their communication skills through experience. This not only indicates potential skill and knowledge gaps and differences in motivations to learn between generations but also shows that in the past CE may have been perceived to be useful for attaining pharmaceutical knowledge only. By 2004, pharmacists seemed more positive about mandatory CPD participation. The intervention and CPD policies may have influenced this change in opinion. While more trained pharmacists seemed to be engaging in CPD, they had completed a predesigned course and were only allowed to choose one training module; independent planning of learning was not promoted. The conceptual shift from CE to CPD may have caused uncertainty around what mandatory CPD would entail, also reported by Swainson and Silcock and Attewell et al. A “lack of information about CPD” was perceived to be a barrier to engaging in CPD, supported by Bell et al., highlighting one of the main barriers to implementing mandatory engagement in CPD. Feeling disillusioned with community pharmacy was common and also observed by Ward et al., Haixon and DeMuth, M Ottram et al. and Attewell et al. suggested that pharmacists may have perceived that a “lack of relevant learning opportunities” prevented their engagement. Despite being motivated, as reported by others, lack of time seemed to be a perpetual barrier to engaging in CPD.

Conclusion
No change occurred in the motivations for engaging in CPD over time. In general, as supported by literature, the community pharmacists perceived that they would engage in CPD to attain and maintain competence. However, by the end of the study, a greater proportion of trained pharmacists had begun engaging in CPD whereas non-trained pharmacists participated in CE. These differences illustrate that engagement in CPD may be prevented by an uncertainty of what it entails, a lack of motivation to engage in learning as well as a lack of time, also observed in other studies. Pharmacists suggested that more information on CPD is required, that they should become self-motivated, and that they may need more support and facilitation than is currently available to embark fully on engaging in CPD.

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References