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.

In 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 pharmacists, 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 end of 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 what constitutes 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, remineration 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 Otttram 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=325). Of the respondents, 61.2 per cent agreed that the distinction 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. 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).

The Society questionnaire did not record any further details 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 annum were invited to take part. 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 small chain pharmacies with branches in the study area. They were asked to notify one of us (JA) if they did not want pharmacists in their employment to participate. No responses to this effect were received. Letters were subsequently sent to 23 community pharmacists with an information leaflet asking if they wished to participate in the study. Two weeks later, a telephone call was made by JA to arrange an interview at a time and location convenient to them. Two pharmacists declined to be interviewed.

The interview schedule covered pharmacists' understanding, attitudes and behaviour in relation to continuing education and CPD development. It explored pharmacists' understanding and participation in personal development and personal development plans, including problems and barriers to participation. Assessment of personal development needs was explored along with how pharmacists implemented and evaluated what they had learnt.

The interviews, which were conducted between December 2001 and February 2002, lasted between 30 minutes and one hour. They were audiotaped, with the participant's agreement, and then fully transcribed. Content analysis was used to identify themes and transcripts were coded accordingly. The findings presented here relate to understanding of, and participation in, continuing education and CPD.

Results

Of the 23 pharmacists invited to take part in the study, 21 agreed, 14 of whom were female. The age range of the participants was 23–68 years (mean 38.6) and over a third were in the 31–40 years range. Six worked in a large national chain, 10 in a small chain and five in an independent pharmacy. Most participants were employees; two were self-employed and three were proprietors of independent pharmacies. Approximately two-thirds (13) worked full-time. Seventeen of the pharmacists always worked in the same pharmacy. Of the four who worked in more than one pharmacy, three worked for small chains and one for a large national chain.

The mean number of continuing education hours reported for the previous year was 26.4 (range 0–90). Two pharmacists had not participated in any continuing education in the previous year; one of these was a full-time independent pharmacist and one a part-time pharmacist for a small chain. Two pharmacists said they did not know or were unable to quantify the number of hours of continuing education they had completed the previous year; both were full-time, one worked for a small chain, the other an independent pharmacy. Most of those pharmacists undertaking continuing education completed it in their own time. Nine of the pharmacists achieved the Society's minimum 30 hours and nine (not the same nine) had any record or log of their learning.

When asked about the continuing education they had undertaken the most common type reported was reading professional 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 on a weekly basis, 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 appeared to view it as a low priority in pharmacy as a subject generally of locum cover to attend daytime courses, loss of interest in pharmacy, the main response was lack of availability or limited participation in CPD or continuing education, as two pharmacists asked:

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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 think continuing professional development is a lot more focused so you are identifying a weakness in yourself rather than something you are interested in...

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...

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...

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

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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:

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:

It’s easy to audit, it’s easy to spot areas that I’m covering more or less often  

...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...

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 for advice on something and I just sort of think oh no I’m not sure about this or if it’s something the girls [in the shop] draw to my attention...

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...

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 erm... of sort of an random kind of thing really...

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 colleagues, for each identified need in order to be eligible to receive a company bonus whereas others thought of it as evidence:

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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...

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Society’s core syllabus, planning in any additional topics or areas pertinent to her role:

... draw up a programme and ensure that over five years I have covered that programme, 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 rolls onto another, that’s really how it should be done, the right subject, the right time. — Pharmacist J (age 36)

Activities undertaken to meet identified needs frequently involved CPPE workshops, CPPE distance learning packages, postgraduate diploma courses and reading articles in professional journals and magazines. Other pharmacists used activities such as workshadowing 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 problem with courses is when you do find the time? — Pharmacist Q (age 68)

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

... when you’ve done the activity then have to reflect on 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 reflection and evaluation was a part of the CPD cycle less likely to be undertaken by pharmacists:

I think that’s sort of the cycle that I am less good at because it’s something that I think comes, um, 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, in relation to staff, included conducting training sessions and sharing new information 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 had been learnt, for example, requests for emergency hormonal contraception. Some pharmacists 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 professionals’ perceptions of community pharmacy. The fact that CPD is already mandatory in other professions was also an important factor. 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... Ern you know because it’s... it’s you know, um, I think by having it that you are actually forced to do it because otherwise there are too many... 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 qualified pharmacists, whereas others considered there was a need to re-educate pharmacists as to why CPD is important.

Questions were raised about the practicalities 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 importance of an action plan for implementation and the need for protected or paid time in order to participate in CPD:

I’m not sure how they are going to allocate it, and I think there ought to be sufficient funding and support 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 practical and would not apply to everyday professional life.

Additional concerns involved the availability 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 pharmacy 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 pressure where I don’t really need it — Pharmacist H (age 40)

A recurring theme among the pharmacists interviewed was that they 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:

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 required to develop a CPD portfolio the response 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 opportunity to meet with other pharmacists for support and to share information and ideas. She also thought that protected time to develop her portfolio was essential. Another pharmacist thought that a set of multiple-choice questions to help identify learning needs would be advantageous. A third wanted guidance on how to develop personal objectives, and another wanted easier access to information. 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 B and L, 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 intended 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, or had any 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”, suggesting that both 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. The percentage found by Bell et al was far smaller, 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 realised they had completed a learning cycle or because they did not like to feel that they had an incomplete record. Only one pharmacist recorded each stage of the CPD cycle separately; another was attempting to use this process.

The most common barrier reported for low or non-participation in continuing education and CPD was lack of time, again similar to previous findings. However, encouragingly, phase one of the Society’s CPD pilot found that participants’ reported concerns about time restraints on their CPD diminished once they started to implement it. Another study by Grant et al reported similar findings. Some participants believed that either protected or paid time would be needed for their development of CPD, which has also been highlighted in a previous study by James et al.

Almost all the pharmacists agreed that CPD should be mandatory, despite the fact that only around half had achieved the previous minimum recommendation of the Society to complete 30 hours of continuing education per annum. In Bell et al’s study, 50 per cent of respondents agreed that CPD should be mandatory. However in the same study 90 per cent of the respondents had agreed or strongly agreed that it was essential for all practising pharmacists to participate in CPD. 

Participants in that study thought that mandatory CPD would help improve the standards and image of pharmacy and would also motivate them to participate in CPD because they knew that it was being monitored and regulated. It was assumed that CPD would be a “way of life” for newly qualified pharmacists, whereas older pharmacists would require re-educating as to why CPD was necessary.

There were concerns regarding what the Society’s CPD scheme would involve, what support would be available and how much information and guidance would be given. Some respondents feared an impractical, unachievable scheme with little support and information. However only one participant thought that pharmacists might leave the profession rather than face mandatory CPD. Several correspondents to The Pharmaceutical Journal also shared this view.

Figures released by the Society in mid February showed that just over 2,000 members had decided to retire from the Register, almost three times as many as the 784 pharmacists who retired from the Register in 2004. However in addition to CPD requirements there were also changes in the registration fee structure and a fee increase which may also have influenced pharmacists’ decisions.

Most of the participants in this study did not assess their needs through a systematic process but through practice situations on an ad hoc basis. Tools available to help pharmacists develop a systematic approach to assess their own CPD needs could be promoted, explained and be easily accessible to ensure a regular systematic process is achieved, since similar studies have found that GPs’ insights into their own educational needs were poor. Pharmacists found it hard to describe how they identified their learning needs and generally it was through a feeling of inadequacy induced by not knowing the answer to a query from a customer or member of staff. Although it is acknowledged that identifying learning needs through day-to-day practice is important for experiential learning, our study suggests that methods for enabling pharmacists to identify needs proactively must be further developed and made available.

Only one pharmacist in this study claimed to have reflected on what she had learnt and another study found that only a small minority (14 per cent) did so. The concept of reflective practice has been found to be the biggest problem encountered when implementing a CPD programme. Reflection may be an area of the CPD cycle that pharmacists have not learned about or used before, and is likely to be an area where more support is needed.

Like previous studies, our research indicates that reflective practice is an area that is not well understood by pharmacists. This may be due to lack of understanding of the principles of CPD, or it may be an issue in itself. Any training conducted to address this need must ensure relevance to pharmacy practice, an issue raised throughout this study. As a result of their findings, Dican et al not only modified their training but also restructured their CPD packs so that the reflective practice forms they included came after, rather than before, the other forms in the pack since the biggest problem they had encountered was with the concept of reflective practice.

When questioned about application and implementation of new learning, responses generally included benefits to patients, benefits to staff or improved performance. It was important to the participants that any educational activity be relevant to day-to-day practice, a response similar to that in a previous study by Cantillon and Jones.

Input from both employers and primary care trust pharmacists was considered crucial for CPD development. Some participants considered it essential to meet with other pharmacists to share information and ideas. It was also thought that meeting with colleagues would encourage participation and decrease isolation.

This study also highlighted the perceived need for CPD to be certificated hours in order for pharmacists to feel they had fulfilled the Society’s minimum recommendation of 30 hours of continuing education. CPD is intended to be more experiential than traditional continuing education activities, moving away from the concept of 30 “certificated” hours to learning in relation to need. Pharmacists’ understanding of this point appeared particularly poor. It is vital that pharmacists understand that CPD activities do not have to be “formal” and many of their day-to-day activities could be classed as CPD if thought about in that light and recorded correctly. This will, hopefully, help to dispel some of the concerns about mandatory CPD that have emerged in this and other studies.

Little formal evaluation of learning was reported by participants. Those pharmacists who reported evaluating their learning did so either using questions at the end of a course, or through a more subjective method such as self-assessment and feedback. Feedback was obtained from a number of sources, for example from line managers after the perform-
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.¹ 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. 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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References