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## Commentary

# CPD and revalidation: Our future is happening now

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#### **Summary**

Around the world, there is growing interest in ensuring health professionals (including pharmacists) maintain and demonstrate competency throughout their careers. Mechanisms to assure regulators, employers, colleagues, and - most importantly - patients that practitioners are indeed competent to provide safe and effective care are evolving, but generally include both continuing professional development (CPD) and assessment components. This commentary reviews current work in these areas within the pharmacy profession, in both the UK and the US.

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What do patients want from their health care providers? For some, the answer may be found in the 4 "As" of medicine which are (not necessarily in order of importance): Affability, Affordability, Accessibility, and Ability. This special issue of *Research in Social and Administrative Pharmacy* provides readers with important emerging perspectives on the issue of "ability," particularly as it relates to complex constructs such as competency, proficiency, and quality of care provided.<sup>1</sup>

This special issue was framed around twin pillars of continuing professional development and revalidation. At first glance, the two may not appear to be necessarily related, but as the papers selected for this issue illustrate, it is the notion of "ability" that links these two ideas together. The term "ability" itself is complex and context specific, but usually relates to concepts such as fitness to practice and maintenance of

competency. Crucial to this framing of the word "ability" is the need to understand what mechanisms actually can help health care professionals maintain their knowledge, skills, and competencies over a career that may span 30, 35, 40 years or more. This understanding is critical to developing robust and effective systems and supports to ensure safe and effective care of patients.

One mechanism that is increasingly being questioned in health professionals' maintenance of competency literature is traditional continuing education (CE).<sup>3</sup> It has been generally acknowledged for many years that attendance at or simple completion of compulsory CE does not necessarily translate into measurable or meaningful practice change.<sup>4</sup> Davis et al have noted that, within the medical profession, CE that is focused on didactic knowledge (rather than practice skills), and that is transmitted in a static (rather than interactive) manner, is likely insufficient to ensure

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on-going maintenance of competency over a professional's life.<sup>4</sup> This also would apply in fast changing fields such as pharmacy where, what was once learnt and accepted as "true" can change rapidly in the light of scientific breakthrough, practice innovation, and societal evolution.<sup>5</sup>

In many jurisdictions around the world, we still cling tenaciously to the view that a specific number of hours of attendance at compulsory CE events will somehow transform the beliefs, behaviours, and skills of pharmacists - in short their "abilities" - in a way that will positively influence professional practice and patient outcomes. As a result, pharmacists (and many other health professionals) spend a considerable amount of time and energy scurrying between hotels and conference centres to accumulate the required number of credits for renewal of an annual licence or registration to practice. O'Brien et al, in their Cochrane Collaboration Review of effects on professional practice and health care outcomes of continuing education meetings and workshops demonstrate the influence of traditional CE on health care professionals' behaviours is ambiguous at best. 6 The research upon which conclusions such as this are based is not new yet many regulators of professional practice within the health professions still view mandatory CE as vital to public protection, and they still take comfort in believing that compulsory CE hours = maintenance of competency. The authors in this special issue join a growing chorus of academics (and practitioners) who are critically examining this proposition and are recognizing that safe and effective patient care in any profession requires a more robust understanding of how professionals maintain their competence over their careers. As a result, new paradigms are evolving to address important questions of professional development and practice evolution. Nagging doubts have grown into emerging evidence that traditional CE is suboptimal, an activity undertaken simply to respond to a requirement rather than an honest, selfmotivated attempt to address identified learning gaps and address them for the purpose of improving the quality of practice.

Across the globe, continuing professional development (CPD) is emerging as one important way of reframing our understanding of how professionals maintain their knowledge and skills over a decades-long career. Readers unfamiliar with the CPD model and its many facets are encouraged to consult one of many recent works detailing its application within pharmacy, for

example, the work of Dopp et al from the United States and Driesen et al internationally.<sup>7,8</sup>

This special edition of RSAP presents emerging research aimed at educators, regulators, and practitioners rooted in the CPD tradition. As Trewet and Fjortoft describe in their article in this issue, the adoption of a CPD model has been accelerating in the United States, and as a result, new tools are needed to help educators, regulators, and employers better focus learning activities of pharmacists to optimize impact on practice. In their paper, these authors describe the use of a CPD worksheet as one approach that helps pharmacists translate learning into sustainable and meaningful practice change. The importance of supporting practitioners through the CPD process is clearly important, and as the authors point out without such support practice, change will be difficult. In implementing this approach, familiarizing student pharmacists with a CPD worksheet during their formal education could be beneficial in preparing professionals to use the CPD model. Patterson et al<sup>10</sup> described a pilot investigation using a CPD worksheet in an elective course focused on leadership development. They found that students used the worksheet to self-select diverse activities to further leadership development beyond the classroom, but had difficulty in planning and reflecting about these activities on their own. The need to balance external guidance with selfdirection is an important consideration when preparing professionals for and implementing the CPD model. Tools such as the worksheets described in these studies are important for educators and curriculum planners to consider as they determine how best to prepare and support practitioners through the CPD cycle.

Buxton and De Muth provide a similarly important perspective on the issue of pharmacists' perceptions of their own learning. Issues of motivation to learn and readiness to change practice are of critical importance at this time of rapid evolution in roles and responsibilities of pharmacists. The authors' provide important data to support educational programme planners in critical decisions related to curriculum design and programme implementation.<sup>11</sup> The authors focus on delivery methods that optimize uptake and learning and point to a key issue facing educators today: how can one balance the need for quality education with the fiscal and logistic realities that are part of any system? This paper provides important data that helps to better understand how limited resources for CPD may

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