A Framework for Assessing the Continuous Professional Development Needs of Community Pharmacists*

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This paper describes and evaluates a process by which the professional development needs of community pharmacists (CPs) were identified and recommendations made as to how they might be addressed. Twenty CPs were recruited onto the Continuing Professional Development (CPD) programme and asked to complete a reflective logbook over a four-week period. Day one of the programme involved participation in seven skills evaluation workstations, a focus group to explore their views about CPD and a one-to-one interview with a facilitator to review the reflective logbooks and individual perceived training needs. Day two involved the presentation of the results of pharmacists' performance in the skills workstations, followed by individual feedback to inform their personal development plans (PDPs). Fourteen pharmacists completed the CPD programme. Three key training needs were identified from the skills assessment workstations and six themes from the focus groups. Evaluation of the CPD programme indicated that it was highly rated and improved their understanding of the CPD process.

Keywords: Barriers to learning; Continuous professional development; Objective structured clinical examinations; Portfolio learning

INTRODUCTION

The introduction of Clinical Governance has placed a considerable burden on health care professionals to consider issues relating to the competence of practitioners (Barrett, 2000). In most cases, this has been addressed through the introduction of a Continuing Professional Development (CPD) programme whereby individuals are charged with the responsibility of ensuring that their knowledge and skills are current. Whilst in the hospital sector peer review is common practice, Community Pharmacists (CPs), often work in isolation and are unable to participate in such a process. In addition, research highlights that the changing role of the pharmacist requires the application of a range of new skills into their everyday practice. More recently, government documentation for the future of pharmacy highlights that pharmacists should be "equipped with up-to date expertise and skills" when offering advice to patients (Department of Health, 2000). The Royal Pharmaceutical Society of Great Britain (RPSGB) currently recommends that all pharmacists undertake a minimum of 30 h of continuing education per year, but there is little direction provided and this is not subjected to external evaluation at present.

A key element of CPD is the ability of practitioners to reflect on their practice. Anecdotal evidence suggests that many pharmacists find this first stage of the CPD cycle difficult to embrace which is a major barrier to starting CPD. The introduction of professional portfolios is one way in which they have been encouraged to undertake this activity. However, as CPs often work alone there is little practical support for the adoption of a portfolio approach.

AIMS AND OBJECTIVES

The aim of this study was to design and evaluate a process by which the professional development needs of CPs were identified and recommendations made as to how these might be addressed. To achieve this aim the following objectives were set:

1. To introduce CPs to the concept of reflective practice.
2. To design and implement a skills assessment programme for CPs.
3. To identify perceived barriers to learning within the workplace.
4. To explore CPs' attitudes to CPD.

METHODS/PROGRAMME DESIGN

The study was divided into four key areas in order to meet the aims and objectives listed above (see Fig. 1)
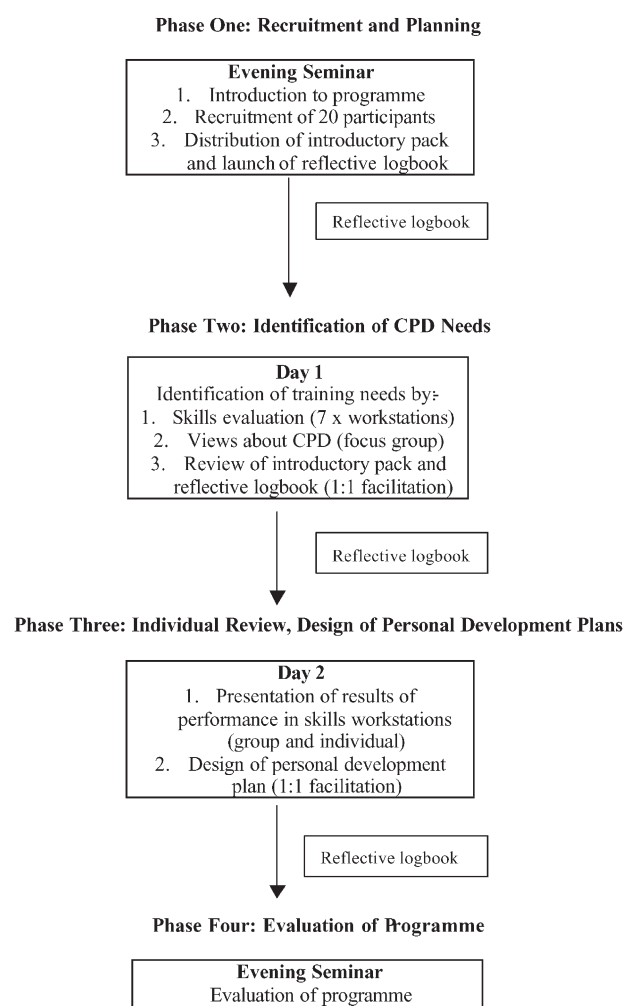

FIGURE 1 A novel framework for assessing CPD needs: overview of study methodology.

and took place between January and March 2001. All those who participated in the study were reimbursed at a standard locum rate for each full day of attendance.

Phase One: Recruitment and Planning

A letter was sent to every community pharmacy contractor in the East Sussex, Brighton and Hove area (approximately 100) inviting them to participate in the study. All respondents were asked to provide background demographic data (age, gender, number of years qualified) and relevant employment characteristics (type of retailer, number of hours worked) to allow the recruitment of a representative sample of 20 CPs. Consenting participants were provided with an introductory pack that was designed to capture information to inform their training needs and included the following:

Reflective logbook: Participants were asked to keep a reflective diary over a four-week period in preparation for the next phase of the programme. Pharmacists were encouraged to focus on clinical areas identified in the National Service Frameworks (NSFs; Cardiology, Mental Health and Older People) where possible.

Learning styles questionnaire: Participants were asked to complete a learning styles questionnaire to identify their preferred method of learning (Honey and Mumford, 1982).

Barriers to learning: Participants were asked to list their perceived barriers to learning, in particular any problems they may have in terms of knowledge, skills and attitudes.

Confidence rating scale: Participants were also asked to complete a confidence rating scale prior to the next phase of the programme. A checklist was designed to capture participants self-rating of their confidence in carrying out a list of 20 pharmaceutical related activities. Possible responses were "very confident", "moderately confident", "little confidence" and "not confident at all".

Phase Two: Identification of CPD Needs (Day One)

The individual professional development needs of CPs were assessed using the following tools:

Skills assessments: Seven skills assessment workstations were designed to evaluate the practice of the CPs. These were based on a local knowledge of their extended roles as well as issues raised by the NSFs. Workstations were designed to evaluate the ability of CPs to address a range of skills including the following: a request for emergency hormonal contraception, assistance with smoking cessation, a consultation with a patient diagnosed with angina and the provision of advice regarding the therapeutic management of a patient with

diabetes. Trained simulated-patients were used for role-play in some of the workstations. Each participant was allowed 10 min to complete the task associated with each workstation and received a videotape of their performance in one of the consultation workstations.

Views about CPD: CPs' views about CPD were assessed during a focus group discussion. Three focus groups were held each comprising a small group of pharmacists and a facilitator. Each session was recorded, transcribed and analysed using standard qualitative methods to identify the themes associated with non-participation in CPD.

Review of introductory pack and reflective logbook: CPD facilitators conducted a semi-structured interview with each participant to review their reflective logbooks. The discussion was also informed by the individual's learning style questionnaire results, self assessment of training needs, perceived barriers to learning in the workplace and personal goals.

Phase Three: Individual Review and Design of Personal Development Plans (PDPs) (Day Two)

The general results of the skills assessments undertaken on day one were presented to the group followed by more specific one-to-one feedback on individual performance. Videotaped consultations were evaluated in small groups following a systematic format where pharmacists were encouraged to reflect on their own practice focusing on their strengths and weaknesses during the patient consultation (Pendleton *et al.*, 1984).

Each participant was provided with one-to-one facilitation in order to design their PDPs and to discuss how this related to their CPD portfolio. The discussion was based on results of individual performance in the skills assessment workstations and training needs identified from the introductory pack and reflective logbook, findings of the semi-structured interview and the issues identified during the review of the consultation video. Each CP was provided with a "starter pack" which was adapted from the CPD portfolio produced jointly by the London and South East (South Coast), Pharmacy Education and Training teams.

Phase Four: Programme Evaluation

After completion of the two days participants were asked to rate the programme by indicating their level of agreement with 12 statements using a 5-point Likert scale (5, strongly agree; 1, strongly disagree).

RESULTS

Response Rate

Around 25 (25%) of the 100 CPs who were initially sent a letter indicated an interest in becoming involved in the study and after application of the selection criteria 20 CPs were recruited for participation in the study. Of these, 14 (70%) completed the study.

Skills Assessment

Although the therapeutic knowledge of the individuals recruited varied considerably, the main barrier to the application of such knowledge into practice centred around a lack of clinical skills. The following aspects of practice were identified as general areas of weakness:

- The lack of a structured approach to questioning patients, in particular the failure to take a full drug history when consulting. In general individuals did not adopt a structured approach to problem solving and failed to document the key issues associated with providing pharmaceutical care.
- A lack of awareness of the reasons why patients fail to comply with their medicines (e.g. the importance of assessing the patient's understanding of the illness and their perceptions of the benefits and risks of treatment). Many placed too much emphasis on the use of compliance devices to address non-compliance issues.
- A reluctance to refer patients to other health care practitioners or to use other sources of information.

The key training issue identified from the above information was the need for a more structured approach when consulting with patients. This should include gathering a full drug history and evaluating this information, in order to identify the key pharmaceutical problems and to design a plan of how these might be managed.

Attitudes Towards CPD

Six themes were identified as barriers to undertaking CPD following analyses of the focus group discussions. These related to the lack of:

- A general understanding of the CPD process.
- An awareness of which issues to reflect upon.
- Time to both undertake and document CPD activities.
- General motivation and support.

TABLE I Participants' evaluation of the programme ($n = 14$)

Agreement with the following statements	n (%)
1. I now feel more confident in identifying my own training needs	13 (93)
2. I don't feel that I have gained very much from this programme	0 (0)
3. I have a better understanding of CPD	14 (100)
4. I would like continued facilitation with CPD	13 (93)
5. I feel my colleagues would gain from taking part in this programme	14 (100)
6. I now know how to practice CPD	9 (64)
7. I now have a clearer idea of my own training needs	12 (86)
8. I don't believe that CPD is achievable without external facilitation	9 (64)
9. I have a clearer understanding of the way I learn	12 (86)
10. I believe that my own professional practice will improve	12 (86)
11. I don't see any difference between CE and CPD	0 (0)
12. I feel more able to address my own training needs	14 (100)

- Incentives and financial rewards for participating.
- Availability of appropriate facilitation and training.

Programme Evaluation

Participants' level of agreement (strongly agree or agree) with 12 descriptors to evaluate the success of the programme is shown in Table I. The participants in this study showed a positive attitude to all of the statements designed to evaluate the impact of this programme. Interestingly, the two statements which had the lowest level of agreement related to an understanding of how to practice CPD (9/14) and concerns that the process was not achievable without some external facilitation (9/14).

DISCUSSION

The scheme described was successful in providing participants with a list of individual CPD needs in addition to direction for how some of these might be resolved in the short term. An investigation of the training priorities for the group at large indicated that consultation skills training, in the context of pharmaceutical care, were the main issues to be addressed. The majority of participants indicated that, following the completion of the programme, they now possessed a better understanding of the potential future roles for CPs and how CPD could help them to acquire the skills and knowledge needed to undertake such roles. However, only 14 of the 20 pharmacists who originally consented to take part completed the programme, with 6 CPs unable to attend due to a lack of locum support. This identifies an obvious, yet important, barrier to any scheme that requires pharmacists to leave their workplace in order to undertake CPD activity.

The programme adopted a novel approach to identify the CPD needs of CPs using skills assessment workstations. Objective structured clinical examinations (OSCEs) have been used to assess the skills of medical students and doctors for many years and increasingly this approach has been used in both undergraduate and postgraduate pharmacy courses. Whilst much of this work utilises the OSCE as a summative assessment of competence it has value as a formative tool (Townsend *et al.*, 2001). As far as the authors are aware this is the first occasion that OSCEs have been used within the context of CPD in the UK and was found to be a helpful tool for the identification of training needs; in particular to help practitioners to reflect on their practice. Although initially many of the CPs were apprehensive prior to the clinical skills assessments, afterwards participants reported that it had been a valuable experience and a useful tool to prioritise their CPD agenda. Interestingly, the pharmacists performed better in workstations where training had been previously provided, for example dealing with issues around smoking cessation or the provision of emergency hormonal contraception therapy. However, it is essential that the use of OSCEs within this context be managed appropriately. It is important that the purpose of the skills assessment is made clear to participants, the benefits sold and the assessors and facilitators made aware of the potential "perceived threat" of this approach.

The utilisation of simulated patient training (James *et al.*, 2001) as a method for reviewing the consultation skills of pharmacists was well received. In particular, providing each participant with a video of their own consultation with a patient served as an effective reflective tool which allowed practitioners to focus on their strengths as well as recognising the skills gap. This is a useful method of identifying training needs since it ensures that individuals are made aware of their skills and expertise whilst maintaining their confidence as practitioners.

The cost per individual for designing and delivering the programme was relatively high, yet this mainly represented a lack of infrastructure for undertaking clinical skills assessments. In order to run a skills assessment programme considerable resource is required to ensure that a suitable venue

is available, assessors, patients and facilitators are paid at the appropriate rate and additional funds identified to cover locums and administration costs. The Clinical Governance agenda has identified the responsibility of the practitioner to demonstrate their "fitness for purpose" and to engage within the CPD process. Employers and organisations clearly have an important role to play within this process. Subjecting individuals to a regular formative skills assessment, using the facilities housed in a purpose built skills laboratory, would go some way to addressing these issues, not only for pharmacy staff but also for other health care professionals.

The focus group discussions and one-to-one interviews identified a range of barriers to learning within the workplace. These were similar to those found by Murphy (1998), who suggested that the key positive behaviours associated with CPD were personal motivation, the possession of a personal system for recording CPD and the adoption of a routine for engaging in the cycle. Many participants had not previously considered their learning style as an important feature when planning their CPD. A general awareness of the principles of adult learning are an essential component to participating effectively in CPD. Any system designed to facilitate CPD must provide individuals with an understanding of the learning process and the key skills required to discharge this function. At the start of the programme most individuals listed attendance on courses as the main method of addressing their training needs. However, by the end of the programme participants had a clear understanding of the various stages of the CPD cycle and a better awareness of the function of continuing education within CPD. Many of the participants (primarily those working in the large multiple retail stores) had been asked to use a portfolio prior to entry onto this scheme. Interestingly this did not have any affect on their perception or understanding of the CPD process.

Participants identified the lack of availability and access to structured training on the process of CPD as a key barrier to practicing CPD and emphasised the need for support and ongoing facilitation. The "reflection" stage of the CPD cycle was a particular barrier as many felt that they did not know where, or how, to start identifying their own training needs. Anecdotal feedback from participants indicated that they wanted more access to interactive training, such as the use of role-play with feedback, rather than the more traditional didactic approaches. The evaluation stage of the CPD cycle was not addressed as part of this programme, as participants were not able to complete this part of the cycle within the time period of the study. However, the need for continued

support and a lack of motivation were identified as important elements for keeping up to date CPD records.

CONCLUSIONS

Based on the findings of this study, several recommendations can be made. First, when designing a process to support the CPD of CPs, consideration should be given to the barriers identified in this study. CPs working in isolation find it difficult to identify their own CPD needs. The successful use of OSCEs in this study indicates that the assessment of skills should be an integral component of any such future CPD programme. However, the process of assessing skills is costly. The resources required to sustain a skills assessment centre should be provided by all agencies with an interest in maintaining the competency of pharmacy staff. In addition the burden should be spread across disciplines so that better use is made of the resource and multidisciplinary learning encouraged. This study has reinforced the role of facilitation as an integral component of CPD as demonstrated by the level of support required by the CPs in this study. Facilitation is a skill that requires specific expertise and may be an issue for the future development of staff. Furthermore, any CPD strategy should also ensure that the process allows for the integration of staff working within both hospital and community sectors. The next stage of this research is to test the feasibility of extending the CPD programme described in this study to a larger cohort of pharmacists and to evaluate its impact on subsequent uptake of CPD and how this influences day to day practice.

References

Barrett, C. (2000) "Clinical governance—what it means to you", *Pharmacy Management* **16**(1), 8–9.
Department of Health (2000) *NHS Plan: Pharmacy in the Future* (HMSO, London, UK).

Honey, P. and Mumford, A. (1982) *The Manual of Learning Styles* (Peter Honey Publications Limited, Maidenhead, UK).

James, D., Nastasic, S., Horne, R. and Davies, G. (2001) "The design and evaluation of a simulated patient teaching programme to develop the consultation skills of undergraduate pharmacy students", *Pharm. World Sci.* **23**(6), 212–216.

Murphy, L. (1998) "CPD—Develop good habits", *People Management* **2**(April), 72.

Pendleton, D., Schofield, T., Tate, P. and Havelock, P. (1984) *The Consultation: An Approach to Learning and Teaching* (Oxford Medical Publishers, Oxford, UK).

Townsend, A.H., McIlvenny, C.J. and Dunn, E.V. (2001) "The use of objective structured clinical examination (OSCE) for formative and summative assessment in a general practice clinical attachment and its relationship to final medical school examination performance", *Med. Educ.* **35**, 841–846.