

## The impact of mandatory continuous professional development and training to deliver the new contract on female community pharmacists: A qualitative study

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### Abstract

This paper discusses female community pharmacists' views on continuous professional development (CPD) and the impact of the new community pharmacy contract on training requirements. It describes interviewees' experiences of accessing, completing and recording training including CPD. Additionally, it discusses incentives for completing additional training, and considers the likely effect of mandatory CPD on participation in the workforce. The study involved face-to-face semi-structured interviews with 30 female community pharmacists from a diverse range of backgrounds. This study found that although most interviewees agreed that CPD was necessary, the majority found accessing, completing and recording training challenging. Most interviewees had avoided entering CPD online offering a range of reasons. This study suggests that some female community pharmacists would benefit from information technology (IT) coaching, internet access in the workplace and time in work to enter CPD online. It seems however that most interviewees did not intend to quit pharmacy in response to mandatory CPD.

**Keywords:** *Continuing education, CPD, information technology coaching, interviewees*

### Introduction

It has been apparent since the 1990s that continuous professional development (CPD) would to be an important issue for pharmacists (Mason, 1999). Over recent years a number of factors have precipitated the move towards mandatory CPD. The Kennedy (2001) Report into children's heart surgery at Bristol Royal Infirmary advocated CPD, stating that "CPD should be compulsory for all health care professionals". Furthermore, the introduction of clinical governance has reinforced the importance of practitioner competence in the health care environment (Barrett, 2000).

In 2000 the government indicated in its document "NHS plan: Pharmacy in the future" that pharmacists should be "equipped with up to date expertise and skill" (Department of Health, 2000). In line with recent policy and thinking the Royal Pharmaceutical

Society of Great Britain (RPSGB) has altered its stance on pharmacist education in practice. Formerly pharmacists were expected to complete 30 h of continuing education (CE) (Royal Pharmaceutical Society of Great Britain, 2002). However, there were recognised flaws with this system, principally CE failed to recognise learning and development which occurred in day to day practice; as well as not being tailored to individuals' learning needs (Mottram, Rowe, Gangani, & Al-Khamis, 2002). Importantly, CE did not incorporate an element of assessment; with the exception of formal postgraduate qualifications, there was rarely any assessment of the impact of CE on pharmacists' skills or knowledge.

In 2001 the RPSGB produced a consultation document, "Reform of disciplinary machinery and the introduction of competence-based practising rights" proposing that pharmacists would be required

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to submit CPD documentation to the Society every 2–3 years to remain registered as practising pharmacists (Royal Pharmaceutical Society of Great Britain, 1999). Following on from this, mandatory CPD was introduced by the RPSGB as a rolling programme from 2002. Since January 2005 all practising pharmacists have been required to sign a declaration that they will undertake and maintain a record of CPD (Attewell, Blenkinsopp, & Black, 2005b; Royal Pharmaceutical Society of Great Britain, 2006a). CPD is thus, now, a professional obligation and is due to become mandatory during the Spring of 2007.

Specifically, the purpose of CPD is to ensure that pharmacists maintain their competency to practice (Rouse, 2004). CPD has been defined as “the process through which pharmacists continuously enhance their knowledge, skill and professional qualities throughout their professional careers” (Mason, 1999). CPD is a proactive process, driven by the individual, which involves a cycle comprising four key stages. The cycle comprises: reflection—identifying training needs; planning—deciding how to meet these training needs; action—taking part in training activities; and, evaluation—evaluating performance. Pharmacists will be required to document CPD in a systematic way. The RPSGB suggests that CPD records are submitted electronically using an on-line system (Bollington, 2004). In fact, the RPSGB indicate that other recording systems need to be approved by them because pilot work demonstrated that it is more time consuming and costly to review records kept in alternative systems (Royal Pharmaceutical Society of Great Britain, 2006b).

The “CPD rules” have not yet been issued, however the RPSGB will be monitoring CPD. It is likely that pharmacists may well be selected for review on a random basis every 5 years. The review process will take into account how long ago CPD was rolled out to an individual’s area. By way of example CPD was rolled out in the North West of England in the Autumn of 2002. Therefore, pharmacists in this area have been aware of the approaching mandatory CPD requirements much earlier than other members and have had longer to record their CPD. Currently, the RPSGB indicates that at a minimum pharmacists should record one CPD entry per month (Royal Pharmaceutical Society of Great Britain, 2006a). However the RPSGB indicate that this could change next year. The “CPD Rules” will also be made available during this time and they will specify the minimum requirement for CPD.

Another recent change affecting pharmacy was the introduction of the new community pharmacy contract which came into force in April 2005 (Department of Health, 2005). This allowed community pharmacists to expand their role and be remunerated for providing a range of enhanced and advanced services (Department of Health, 2005). Consumers can now choose to access

a number of services in community pharmacies that were formerly unavailable (Whittington, Cantrill, Hassell, Bates, & Noyce, 2001). Not only has the new contract acted to increase workloads and consequently pressure in the workplace, but it has also necessitated a raft of additional training, with pharmacists requiring accreditation to provide many of the services (Moberly, 2005; Gidman, Hassell, Day, & Payne, 2006c).

This paper discusses female community pharmacists’ views on the introduction of mandatory CPD and the impact of the new community pharmacy contract on training requirements. Moreover, this paper outlines interviewees’ understanding of the principles of CPD and describes experiences of accessing, completing and recording training including CPD. Additionally, we discuss incentives for completing additional training, and consider the likely effect of mandatory CPD on participation in the workforce.

## Method

This exploratory study used face-to-face, semi-structured interviews with female community pharmacists ( $n = 30$ ) from a diverse range of backgrounds. The study aimed to gain an in-depth understanding of individuals’ views of a range of issues affecting female community pharmacists. Face-to-face interviews were better suited to our study than other qualitative methods such as focus groups. Specifically, this approach allowed us to ascertain individual’s views as well as enabling the interviewer to establish a rapport with the interviewee (Britten, 1995).

Multi-Centre Research Ethics Committee (MREC) approval was obtained for this study. The sample frame was informed and accessed by RPSGB data and Pharmacy National Workforce Census data. The sample locations were 12 primary care trusts (PCTs) in the North West of England. The sampling locations were selected to provide as diverse a sampling frame as possible on the basis of: housing density; deprivation index and ethnic mix. Recruitment letters ( $n = 242$ ) describing the study were sent to all female community pharmacists over the age of 30 years, living in the areas selected. The sample frame excluded pharmacists under the age of 30, because working practices tend to be more homogenous in younger pharmacists, in particular part time working is less common (Hassell & Shann, 2003). A reminder letter was sent to non-responders after 2 weeks and a further reminder was published in the *Pharmaceutical Journal* 2 weeks later. Interviewees returned completed consent forms to the researcher who then contacted them by telephone to arrange face-to-face interviews at the interviewees’ home or place of work.

The same interviewer, a pharmacist working in academia, conducted all interviews. The broad ranging interview schedule, shown in Box I, was informed by published literature and study objectives. The schedule

## Box 1: Interview schedule, initial questions.

1. Choice of pharmacy as a career
  - So thinking back why did you choose pharmacy as a career?
  - Did you speak to a pharmacist about your choice? (What was their influence?)
  - Can you think of anyone who influenced your choice of career? (Parents/teachers/friends)
  - Tell me about any pharmacy work experience before or during your degree?
  - Was pharmacy your first choice of career?
2. Choice of pharmacy sector
  - What made you choose to work in community pharmacy?
  - Tell me about the roles you have done since you graduated
  - Please explain any career turning points
3. Current role
  - Tell me about the job you do currently?
  - How many hours/days do you work?
  - How are you employed? (Locum/employed)
  - Tell me what your job involves in an average day
4. Opinions of current role
  - How do you feel about your current role?
  - What do you really love about your current role?
  - What do you really dislike about your current role?
  - What do you think about remuneration levels for community pharmacists?
  - What do you think about your hours?
  - Tell me about how well your job works with your out of work commitments?
  - What do you think about the working conditions in community pharmacy? (Positives and negatives)
  - How do you find dealing with the general public at work?
  - Tell me about your thoughts on the public perception of pharmacy
  - Tell me about your relationship with other health care professionals
  - Tell me about the training and development that has been available to you as a community pharmacist
  - Tell me about your views on recent changes to the role of community pharmacists (new contract/extended role)
  - How do you feel about the changes in the registration fee?
5. How do you think community pharmacy working could be improved?
6. So where do you see your self in five years time?
  - What hours/job will you be doing?
  - Tell me about any ambitions/career plans/training plans you might have
  - Tell me about your long term career plans
  - Tell me how you feel pharmacy working has met with your expectations?
  - How good a career choice is pharmacy for a woman?
  - Would you recommend it?

acted as a flexible framework for the interview and ensured that specific themes were discussed, however interviewees were encouraged to discuss topics that they felt to be relevant (Britten, 1995). Interviews were tape recorded and transcribed verbatim by a professional transcriber. The research team reviewed and analysed transcripts. Data analysis followed the “grounded theory” approach, which involved purposive interviewee selection during the data collection process; that is the composition of the sample group was guided by the content of earlier interviews (Strauss & Corbin, 1998). Furthermore, the researcher deliberately sought to include a diverse range of individuals and “outliers”. In this way a wide range of opinions and experiences would be gathered. Sampling of interviewees continued until theme saturation was achieved; that is, until no new

themes were emerging from the data. Interview transcripts were analysed using the constant comparative approach to identify key themes (Strauss & Corbin, 1998). The techniques used to analyse data are discussed in greater depth elsewhere (Gidman et al., 2006c).

## Results

This section presents and discusses the results. Firstly, the sample group is described. Findings relating specifically to the women’s perceptions of accessing, completing and recording training including CPD are reported. Each of the themes is illustrated by quotations from interviewees. Interviewees are identified by codes after the quote and their characteristics are summarised in Table I.

Table I. Interviewee characteristics.

Interviewee	Age (years)	Carer	Current role
R1	58	Yes, elderly parents/grandchildren	Part-time manager (2–3 days per week) medium sized multiple
R2	53	Yes, handicapped child	Locum part-time (typically 6 days per week currently)
R3	49	Yes, teenage son	Portfolio worker: 1 day employed community—independent 2 days PCT
R4	54	Yes, 3 children	Portfolio worker: 1 day employed—large multiple 1–2 days locum—independent
R5	37	Yes, 2 children	Employed 2–3 days per week- large multiple
R6	37	Yes, 3 children	Portfolio: 1 day employed community (term time contract)—large multiple 2 days PCT
R7	36	Yes, 3 children	2 days community locum
R8	36	Yes, 2 children	Employed 2 days 10 a.m.–2 p.m. and full day sunday—large multiple
R9	37	No	Portfolio worker: full time PCT saturday locum—large multiple
R10	51	Adult son lives at home	Proprietor
R11	43	Yes, 2 children	Locums 3 regular days—independent
R12	36	Yes, 3 children	Portfolio out of hours centre second pharmacist (school hours)—large multiple
R13	41	Yes, 2 children, sister and father ill	Employed three days per week (and extra days)—large multiple
R14	52	Yes, teenage child at home	Employed works shifts (2 late and 2 early)—supermarket
R15	33	No	Employed full time (shift worker)—supermarket
R16	34	No	Employed full-time—large multiple
R 17	36	Yes, 2 children	Employed 24 h per week during school hours in managed care centre (term time contract)—large multiple
R18	63	No	Employed 30 h per week—supermarket
R19	38	Yes, 2 children	Portfolio worker: 2 days hospital 1 day (sunday)community—large multiple
R20	52	No	Employed three days per week—large multiple
R21	54	No	Employed full-time as superintendent pharmacist by doctor's surgery
R22	52	No	Employed full-time—small multiple
R23	44	Yes, 2 children	Proprietor
R24	56	No	Employed full-time as relief manager—large multiple
R25	35	Yes, children	Employed works part-time shifts—supermarket
R26	32	Yes, one child	Portfolio worker: 4 days hospital 1 day community locum—small multiple
R27	55	No	Employed full-time pharmacy manager for large multiple
R28	44	Yes, 3 children	Proprietor, half share in business
R29	39	Yes, 2 children	Employed, 2 days school hours (term time contract) and full day saturday—large multiple
R30	32	Yes, 1 child	Employed full-time pharmacy manager—large multiple

### *Interviewee's characteristics*

Ninety six potential interviewees returned completed consent forms (response rate = 40%). Between February and June 2005, 30 interviews were conducted. Interviewee's characteristics are summarised in Table I. The sample group comprised pharmacists from a range of age groups based in the North West of England. Most interviewees ( $n = 21$ ) described themselves as having a role caring for other family members. Part time working was common ( $n = 19$ ). Of those interviewed: seven interviewees worked in more than one role; three were proprietors; most were employees ( $n = 24$ ). A minority worked exclusively as a locum ( $n = 3$ ), another four worked part of the time as a locum ( $n = 4$ ).

### *The raised profile of training for community pharmacists*

The majority of interviewees were in agreement with mandatory CPD in principle:

Mandatory CPD: I think it's a good idea. I think it's really good, especially for some people that perhaps get a bit complacent, you know. R19

Although, a minority of established pharmacists found the process of recording CPD patronising and were "insulted" by the intimation that they did not routinely practice CPD principles normally:

I think it's difficult for ... people like myself, you've done things all your working life, and some of the things they're suggesting you write up are almost an insult because you just do them routinely. R20



In addition to the introduction of mandatory CPD, the general consensus was that the implementation of the new community pharmacy contract has necessitated extra training, increasing the workload of community pharmacists. Furthermore, some interviewees indicated that training sessions were scheduled out of working hours in the evenings, which could be problematic:

It's a little bit difficult to handle, all the training evenings that are happening with preparation for implementing the new contract, etc. It's a bit difficult when I've worked till six and a lot of them start at seven, and I get to see my son for fifteen minutes and then I have to leave. That makes me feel guilty. R30

In fact, some interviewees were put under considerable pressure by employers to complete training to provide services under the new community pharmacy contract. This part time pharmacy manager, who cared for elderly parents and grandchildren, as well as working part time as a magistrate, explained what happened when she complained to her employers that she had insufficient time to complete a medicines use review training programme:

I had an interview with the personnel manager and ... said to him, basically, what I've said to you about, "Can you find the time in my life to do this?" But we didn't really get any solutions really. R1

This coupled with the limited availability of training courses, particularly those provided by the PCT accrediting pharmacists to provide enhanced services, posed problems:

I think the [training sessions] are set by the PCTs, and they're set at specific times, so if you can't go you miss it. R17

Conversely, a small minority of interviewees indicated that training for the implementation of the new contract had improved pharmacy working:

I think that pharmacy is now starting to live up to my expectations within the training and starting to become more professional and more co-ordinated and things like that. R12

#### *Understanding and accessing CPD*

A minority of interviewees felt that putting the principles of CPD into practice did not pose any problems and that possibly some pharmacists were over complicating the issue:

I think people have made CPD more complicated than what it's meant to be. R27

However, the majority of interviewees found the principles of CPD confusing:

CPD I don't really understand what is required. I mean I've read loads of things, I still don't know what is particularly required. R30

I haven't a clue, and that thing in the Journal gets me, and I see it every week, all these arrows and things, and I think sod that, and I read the deaths. R21

Some interviewees were uncertain about how much CPD they were required to complete and what constituted CPD:

I know that we've got to record something, got to record something each month and, you know, you need to do so many hours. I think it's very grey areas as to what classes, because, you know, this could be a learning experience for me, you know, but is that really useful for my pharmacy profession? R8

Most interviewees were uncertain that they were complying with CPD principles and meeting legislative requirements:

I haven't got the time to sit down and think about it all carefully .... you've got to have these sort of identifying gaps in your knowledge and, you know, working round in this circle thing, haven't you. I've not got my head round that. So what I do at the moment, I don't know whether, what the inspector will say when he sees it. R22

Interestingly, this interviewee felt that the system was flawed because participants could fabricate CPD activities:

I think the CPD that they require you to do now is stupid, in that you can make it up. R18

It seems that pharmacists relied on one another for guidance with CPD:

The main pharmacist ... she's had to keep on top of it, to meet these criteria to get paid that money that's available from the PCT. And she was actually gonna show me her folder, we were gonna go through it. But we all decided, cos there's four of us there, we're all struggling to do it, we've all got children and we've all decided that we're all got together and to try and get on top of the CPD, to sort of give each other ideas. R17

Training others acted to increase the workload of some pharmacists:

We've got a lot of staff training, so not only is it training for us, which is, as far as I'm concerned my training for repeat dispensing and the medicines use review's done, but what I've now got is I've got staff that need extra training because they need to understand. R28

Few interviewees planned CPD appropriately. Interviewees commonly reported choosing CPD topics on the basis of interest or accessibility rather than as a consequence of reflective practice:

I'd done the CPPE packages and enjoyed them, but I'd really done the things I was interested in rather than what I felt I needed to know. R6

I find that very hard to do the development plan, which is wrong, I suppose you do need to have a development plan. But I find it easier just to sort of, if I hear about something that I would find interesting I'd go. R16

The majority of interviewees reported that it was difficult to find time to complete CPD. This interviewee who had a part share in owning a pharmacy indicated that she had difficulty CPD in with her other commitments, perhaps this is she considered CPD to be a separate activity to "working":

The days that I'm in the shop are, they're working days, aren't they, and the rest of it is fitted in around ... I might read the Journal instead of watching TV. I keep the Chemist and Druggist at the side of the toilet. R28

In particular, those interviewees with dependent children found accommodating CPD problematic:

Although we all have good intentions and we all know that we should do CPD. I must admit, after you come home from work and you've got cooking, cleaning, children to look after, ... sometimes impossible. R17

Even those who worked part time experienced conflicting demands on their time. This interviewee indicated that training to deliver services under the new community pharmacy contract was time consuming:

Impossible nearly. I mean recently I've been doing these, this MUR sixty hours as well, and although we've been paid to do it I haven't been able to do it in work time, I've had to do it outside of work and I've found that really hard to fit in around having the children around and things, so I've ended up doing it all late at night, which is not really ideal. R25

Evening training sessions were unpopular with the majority of interviewees:

All training, is all evening, so you go to work till six o'clock, an evening meeting will start at seven and finish at ten, so like you're getting home at twenty to eleven or something, you know. I think it's been really hard. R27

### *Recording CPD*

A significant minority of those interviewed were not recording CPD, even though they could describe CPD related learning activities:

I've got all their forms ready to fill in but I haven't put pen to paper at all yet. Which is really bad. I've done things and I've thought, I'll write that down, I'll record that. I've followed things up, I've looked into things, I've read journals and ... I just haven't written it down yet at all. R5

In some instances interviewees were unsure how to record their CPD:

I don't enjoy having to write CPD down. I don't really understand, you know when it gives you that cycle thing, you know, and I'm thinking (sighs), I know what I don't know and my aim is to find out what I do know but all this evaluate on, I'm not too keen on that. R4

Interviewees seemed unaware of recording mechanisms other than that provided by the RPSGB. By way of example interviewees were under the impression that online CPD recording was mandatory:

You have to put it on the internet ... I do record CPD on the internet, but I haven't actually found it particularly helpful ... I think it's the depth of understanding and depth of recording. R1

A minority of interviewees reported that recording CPD online posed few problems:

I started putting my CPD in on the computer, and I thought, oh, this seems too easy, and I sent it in and I didn't get anything back saying you're not doing this right, so I can only assume that what I did was all right. R2

However, commonly interviewees were reticent to record CPD online and kept written records. None of the interviewees reported whether they used systematic, validated methods to make such records.

I'm one of these people that I have lots of written CPD but I haven't actually gone on the website to log it yet, but I have three or four done. R12

In a surprising number of cases women of all ages indicated that this was due to a lack of information technology (IT) knowledge:

I'm finding it difficult putting it on the computer, cos I'm not very computer literate. R27

In other cases interviewees did not have internet access at work or at home. Those interviewees who did have internet access at work did not have time at work to record CPD on-line due competing demands for access to the computer:

It's impossible to enter CPD when you're dispensing, because all the shops I work in now are sort of five hundred plus [prescriptions] a day. R24

A number of interviewees found the CPD website difficult to use:

I do record CPD on the internet, but I haven't actually found it particularly helpful, there's too much information. R1

This interviewee suggested that alternative methods of recording CPD might be quicker:

Given all the constraints we currently have I do find it very time consuming to log on and write down everything ... I'd be much happier if I could actually make a tape recording and send it in. R10

*Remuneration for completing CPD and training for the new contract*

A minority of interviewees felt that as a professional they had a responsibility to complete additional training in their own time:

I think as a professional person you should be doing some in your own time anyway. I think that's part and parcel of your own responsibilities. R8

However more commonly, interviewees felt that they should get paid time to complete training:

I'd love to be paid for the extra hours that I put in for updating my knowledge, but I'm not, and that's what you have to accept. R7

A number of interviewees drew the comparison with other health care professionals, who are paid for completing CPD:

Doctors and dentists and all these people have time out of work to do their CPD, and they get paid for it, and it just seems like we have to be so conscientious and so giving all the time, it's like a real vocation, isn't it. R13

It seems that incentives for completing CPD and opportunities for accessing CPD were linked with the nature of the interviewee's employment. By way of example interviewees who were locums indicated that they were not always informed about training organised by the PCTs. Additionally, those interviewees who worked as locums did not receive paid time to complete CPD:

As a locum, you see we get no paid CPD time. R7

This interviewee commented that her role, working part time in a managed care centre, which was separate from the community pharmacy it was based in, hampered her attempts to complete CPD:

I really want to get back into finding out a little bit more about CPD, but like I say it's difficult in a managed care centre, we've just been sort of like lost up there really. R17

In some instances employed pharmacists were paid for CPD time:

They're quite willing for you to go in work's time to do it ... I think they let us have ten extra hours a year to go on, you know the CPPE evenings, if there's something that we particularly want to do as part of our CPD then we can pick whatever. R15

Interestingly, a number of part time employed pharmacists reported that they did not receive paid time for CPD, they considered that this was possibly a consequence of the hours they worked:

They don't give me any time but I think that's because I'm already part time. I don't know what would happen if you were full time, you might get some time then. R29

This interviewee indicated that she was not invited to in-house training events because she worked part time:

Because I only work that one day a week I tend to not be included in training events. R19

This interviewee, who worked part time, as a locum the majority of the time, commented that, the time spent completing CPD lowered her hourly rate:

I mean if I only work say two days a week and I'm having to put in more hours than I'm actually getting paid for, so technically speaking with all these things like CE and all this sort of thing I'm actually being paid less per hour, aren't I. But I have to keep myself trained up, otherwise I can't offer my services as a locum, can I?. R4

On a positive note, in some cases the new contract had a positive impact on the availability of payments for training:

They'll give you an incentive to do your CPD and log it. It's all to do with the new contract, isn't it, and advanced payments and things like that. R12

It is worth noting that although some employed pharmacists receive paid time to complete training for advanced and enhanced service provision, and in some cases other CPD, most indicated that they did not receive pay for providing additional services:

I've not actually got any extra salary for doing these extra services. R22

Those who owned their community pharmacies would directly benefit from providing such services. This community pharmacy owner indicated she was not paid for participating in training to provide enhanced

services. Although she was paid for providing services under the new community pharmacy contract she considered that the fees paid for providing these services were inadequate:

When I did my smoking cessation training, for instance, that was two full days. I had to pay a locum, twenty pounds an hour, a hundred and eighty pounds a day, for two days, now, I'm going to be paid twenty pounds an hour for running smoking cessation clinics, now that's an awful lot of hours that I have to make up to pay for that . . . . I really do feel that I frequently offer charitable services for the PCT, cos we don't get adequately remunerated for. R10

#### *Impact of CPD and training on future career plans*

The majority of interviewees did not express a desire to quit pharmacy in response to increased pressure to participate in training activities. Only a minority of interviewees, reported they would cease to practice as a consequence of CPD. Commonly those who expressed such views were near retirement age. Pharmacists frequently work part time in the community sector after retirement age. These interviewees' comments indicate that this practice might decrease as a consequence of CPD requirements:

That's the one thing that'll take me out of pharmacy, is the CPD, if I've not been doing it correctly and who's gonna judge it any how? But if there's any sort of issue then . . . that's it, I'll finish. And I know certain people who are not so keen on work, I enjoy work, but a lot of them are just going to say, "I can't be bothered". R18

I've thought about this and with the requirements of CPD . . . so once I retire that will be it. At this point in time that's my philosophy, that once I finish I will finish. R23

This 53 year old interviewee felt that older locums would retire as a consequence of mandatory CPD:

I mean I think they lost quite a lot of older, locums, when they brought CPD in, cos I think people were frightened of it, didn't realise what it entailed R2

A minority of interviewees who worked in multiple pharmacy sectors indicated that mandatory CPD and training to provide extra services might cause them to specialise. This interviewee, worked principally in hospital, as well as working at the weekend as a community locum said:

I mean if it did become that I needed to do a lot of training, then I think I'd probably just not do [saturday community pharmacy locums] rather than the stress. You know, maybe do the extra day in the hospital . . . I mean you've gotta do your CPD for both. R26

It is noteworthy, that a significant minority of interviewees who devoted considerable amounts of time to training, did so to move sector, most commonly to PCT based roles:

I did my clinical community pharmacy diploma at Keele, in order for me to get out of community pharmacy. R9

#### *Discussion*

Our study successfully explored female community pharmacists' views about CPD and the possible impact of the new community pharmacy contract. There is a paucity of research on this topic. Women constitute a large and growing proportion of the pharmacy workforce in the UK (Hassell & Eden, 2006). The overarching aim of this study was to explore factors that influence working practices in female pharmacists over the age of 30 (we have published other findings elsewhere Gidman, Hassell, Day, & Payne, 2006a,b). We hypothesized that the impact of recent changes in community pharmacy working might be gender dependent. In particular, CPD focuses on incorporating individualised training into day to day practice. Consequently, the impact of mandatory CPD might be greater on women, who are more likely to work part time and take career breaks as a consequence of child rearing (Hassell & Eden, 2006).

Importantly, this study adds to the work of Attewell, Blenkinsopp, and Black (2005a,b) which gave useful baseline data on community pharmacists views on CPD. Specifically, Attewell gathered data prior to 2001, our findings are more current; data having been gathered in 2005, this coincided with the implementation of the new community pharmacy contract as well as the introduction of mandatory CPD. Moreover, in contrast to Attewell's study, this study includes locum pharmacists (Attewell et al., 2005a).

This study further supports the finding by Attewell et al. (2005a,b) and others that most interviewees appreciated the need for CPD (Bell, MacGuire, Adair, & McGartland, 2001; Mottram et al., 2002; Attewell et al., 2005a). However, it seemed that at the time our data were gathered some interviewees were overloaded with training activities. Undoubtedly, the training required for the provision of advanced and enhanced services, enshrined in the new community pharmacy contract, had added to interviewee's workloads. In fact, a minority of interviewees were pressurised into completing training to enable them to provide services under the new pharmacy contract.

Interviewees' discourse suggests that although the majority of interviewees were undertaking a significant amount of training, most were not following the principles of CPD. In line with data gathered in 2001 few interviewees in this sample group had a good



grasp of the four stages of CPD (Attewell et al., 2005a). This would suggest that little has changed in pharmacists' understanding of CPD over the past few years, despite the considerable resources allocated to educating pharmacists about this subject (Patel, 2006). In particular, interviewees failed to identify training needs appropriately. Most selected CPD related activities on the basis of personal interest or ease of access.

On a positive note, in many cases the introduction of the new community pharmacy contract had acted to direct interviewees into productive areas of training, which were readily applied in the workplace. It has been suggested that pharmacists would benefit from seeking out CPD opportunities in everyday practice (Swainson & Silcock, 2004). It was clear that interviewees often considered that community pharmacy working and completing CPD were distinct and separate activities. It is worth bearing in mind, however that workloads have increased in community pharmacy in recent years, as a consequence of the new contract and increased dispensing volumes (Gidman et al., 2006c). Our data suggest that a proportion of community pharmacists might be too overloaded in the workplace to consider CPD or to record incidents that arise during their working day.

Only a minority of interviewees were logging CPD records on-line, for a range of reasons, including the lack of internet access at work and/or at home. One of the more noteworthy explanations for not entering CPD on-line was a lack of knowledge of IT. Our findings indicate that some female community pharmacists, of all ages, would benefit from IT coaching, internet access in the workplace and time in work to enter CPD online. Previous research has indicated that women tend to be less interested than men in IT, have lower levels of experience of IT and have less access to IT (ESRC Gender Equality Network, 2006). Consequently, female pharmacists might be less likely to enter CPD on-line than their male colleagues. The RPSGB were not able to provide up to date information indicating the gender of those recording CPD on-line. It is encouraging to consider however that the RPSGB report that each month 300 more pharmacists are registering to use online services to record CPD. This perhaps reflects our finding that CPD record keeping caused anxiety amongst interviewees; a number of interviewees were concerned that they would not meet legislative requirements. This is a legitimate concern, since evidence from RPSGB pilot data suggests that those recording CPD without the aid of the RPSGB computer programme often did not provide the required information (Royal Pharmaceutical Society of Great Britain, 2006b). Interviewees did not mention using systematic, validated method to keep written records of CPD, consequently it is likely that written records would not follow the principles of reflective learning.

This study concurs with the finding from previous studies that insufficient time and conflicting demands were perceived to be barriers preventing pharmacists from undertaking CPD (Attewell et al., 2005a). Specifically, the majority of interviewees found it difficult to combine training outside of work hours with other commitments. Interviewees frequently discussed the conflicting demands of domestic work and out of work training. This was particularly true of those who had caring responsibilities, such as those with young children or elderly relatives. Previous research has demonstrated that women frequently undertake a disproportionate amount of the domestic workload (Crompton, Brockman, & Lyonette, 2005). Consequently, female pharmacists might find it harder to accommodate CPD than their male counterparts. Interviewees also indicated that many of the CPD training courses, as well as accreditation courses for enhanced service provision, were in the evening. This created practical and logistical difficulties for interviewees, particularly those who had dependent children.

The majority of interviewees felt they should get protected time in work to complete CPD or financial compensation for the time spent training. It seems that incentives for completing extra training were linked to the nature of employment. Not surprisingly, locum pharmacists were not paid to complete CPD. Additionally, evidence indicates that accessing training has created difficulties for locum pharmacists following the introduction of the new contract (Summerfield, 2005). By contrast, employed pharmacists were offered varying numbers of paid hours to complete CPD, although community pharmacists rarely had protected time within work to complete training or enter CPD records on-line. Interestingly, it seemed that part time employed community pharmacists did not always benefit from the same advantages as their full time peers. This would appear to disadvantage part time community pharmacy workers. It is possible that a lack of training might make them less desirable employees, which would affect rates of pay (Women and Equality Unit, 2006).

It is worth bearing in mind, that male pharmacists are more likely to work full time than their female counterparts (Hassell & Shann, 2003). Consequently, they are more likely to accrue the maximum payments for completing CPD. Despite this, evidence indicates that female pharmacists complete more CPD than male pharmacists (Mottram et al., 2002; Hull, Hunt, & Rutter, 2003).

Interviewees who had owned pharmacies indicated that they had little support for training. One owner commented that the fees paid to contractors for advanced and enhanced services did not adequately compensate her for the cost of training to provide them.

Finally, one of the key findings from this study relates to career intentions. There has been much speculation on the effect of mandatory CPD on participation rates in the workforce (Farhan, 2001; Attewell et al., 2005b). This study suggests that few interviewees were planning to give up pharmacy as a consequence of CPD. It seems possible however that pharmacists are more likely to cease working at retirement age. It is also conceivable that the tailored nature of mandatory CPD will make switching sectors less easy. Consequently, pharmacists might be more likely to “specialise” or work principally in one sector. It is also possible that the CPD requirement will deter pharmacists from returning to practice following career breaks. Particularly as CPD focuses on identifying training needs and participating in CPD in day-to-day practice. Critically, those providing post graduate training for pharmacists will need to consider the training needs of those with broken careers patterns. The continued feminisation of the workforce makes this a key priority, because female workers frequently have broken career patterns as a consequence of child rearing (Hassell & Eden, 2006).

### Limitations

Our study involved semi-structured interviews with a sample of 30 female pharmacists. It would be difficult therefore to generalise these findings to the entire population of female pharmacists over the age of 30. However attempts were made through purposive sampling to include a diverse range of individuals and theme saturation was reached. Future quantitative studies could seek to increase the generalisability of these findings.

Clearly this research was designed to explore female pharmacists’ view points; male pharmacists’ perspectives of community pharmacy working was not considered. Future studies should further consider the impact male pharmacists viewpoint.

### Conclusion

Although most interviewees agreed that CPD was necessary, the majority of respondents found CPD challenging. Particular barriers included lack of protected time in work to complete training and conflicting demands on time outside of the workplace. Those working part time and/or as locums received relatively less support for CPD than those employed in other sectors. Most respondents avoided entering CPD online offering a range of reasons. Respondents found the process time consuming and sometimes bewildering. This suggests that some female community pharmacists would benefit from IT coaching, internet access in the workplace and time in work to enter CPD online. It seems however that most

interviewees did not intend to quit pharmacy in response to mandatory CPD.

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