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Barriers to pharmacist participation in continuing education in Australia

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Abstract

Background: The pharmacy profession recognises of the need for continuing education (CE), however, the rate of participation in organised CE remains low. Little is known about the reasons for low participation rates in CE, particularly in the Australian context.

Aim: This research aimed to identify the barriers to participation of Australian pharmacists in CE.

Method: Focus groups were held with Australian community pharmacists, grouped into experienced pharmacists, recently qualified pharmacists, pharmacists with specialist-training needs, and pharmacists practising in rural or remote areas. Focus group transcripts were thematically analysed.

Results: Barriers identified by pharmacists included time constraints, accessibility – in terms of travel and cost, relevance, motivation, quality and method of CE delivery. Participants provided ideas to improve uptake of CE.

Conclusion: The major barriers identified were time, accessibility and relevance of content. To improve uptake of CE a wider variety of flexibly delivered programs supplemented with in-depth workshops could be utilised.

Keywords: *Barriers, continuing education, pharmacist*

Introduction

Continuing education (CE), is well recognised as part of the professional pharmacy landscape (Biggs, 2003). In 2000, the Council on Credentialing in Pharmacy in the United States (US) defined CE as:

> … organised learning experiences and activities … designed to promote the continuous development of the skills, attitudes and knowledge needed to maintain proficiency, provide quality service or products, respond to patient needs, and keep abreast of change (The Council on Credentialing in Pharmacy, 2001).

Continuing professional development (CPD), a major component of which is CE, is a life-long process that aims to update or enhance existing knowledge, and refine existing skills to enable and support the delivery of professional practice (Daniels & Walter, 2002; Pharmaceutical Society of Australia (Victorian Branch) Ltd, 2005). More specifically, CPD places the responsibility of directing learning more clearly on individual pharmacists, requiring them to engage in:

> systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers (International Pharmaceutical Federation, 2002).

Essentially, CPD involves a cyclical process of continuous quality improvement that includes appraisal and identification by individual pharmacists of their learning needs, creation of a personal learning plan, participation and implementation of that plan (including attendance at CE), and evaluation of both the effectiveness of the plan and the educational interventions in relation to their practice. This process enables pharmacists to maintain their competency in current duties while keeping abreast of future professional developments.

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As with other healthcare professions, it is increasingly recognised, and therefore expected by the general community, that the competency of pharmacists needs to be sustained and developed beyond the entry-to-practice level (Becher, 1996; Maguire & Bell, 2001; Mottram, Rowe, Gangani, & Al-Khamis, 2002; Biggs, 2003; Wilson, Schlapp, & Davidson, 2003). The progression and maintenance of post-registration knowledge, in addition to working in actual practices, can be seen as defining characteristics of a profession (Becher, 1996). After the degree is conferred, maintenance of competence is fundamental to a pharmacist's continuing professional development, and continuing education may be society's only real guarantee of the optimal quality of health care (American Society of Hospital Pharmacists, 1990; Austin, Marini, Croteau, & Violato, 2004). Involvement in CE activities would seem to be integral to that process.

Despite the profession recognising the need for CPD the participation rates in organised CE are low, both in Australia and overseas. Information from the major supplier of CE activities to pharmacists, the Pharmaceutical Society of Australia (PSA), suggests that only 20–25% of members attend PSA CE activities and this is similar to attendance at CE from other providers such as the National Prescribing Service (NPS) and the Society of Hospital Pharmacists of Australia (SHPA). In Great Britain, several studies have reported that between 32 and 49.6% of pharmacists complete the recommended 30 h per year of CE (Mottram et al., 2002; Hull & Rutter, 2003; Wilson et al., 2003; Attewell, Blenkinsopp, & Black, 2005).

Time and the perceived lack of relevance of CE activities have been identified as the main barriers to participation in CE by British pharmacists, with lack of opportunity for CE also reported (Wilson & Bagley, 1999; Wilson et al., 2003). Little is documented concerning the barriers to participation in CE activities of Australian pharmacists.

This research aimed to identify the barriers to participation of Australian pharmacists in CE.

Methods

The study was approved by the Monash Standing Committee on Ethics in Research involving Humans, and the Flinders University Social and Behavioural Research Ethics Committee.

A purposive sample of Australian community pharmacists was invited to participate in a series of semi-structured focus group teleconferences. Participants were identified through publicly available sources and invited to contact the researchers to indicate their willingness to participate. An announcement was included on the internet discussion group for Australian pharmacy, Auspharmlist (www.auspharmlist.net.au) inviting volunteers from throughout Australia. Participants were also recruited through academic networks using the "snowball" technique, requesting interested subjects to ask their colleagues to contact the researchers if they were interested in participating. At the time of the study the pharmacists were required be registered, practising in an Australian state or territory community pharmacy, and have no direct involvement in CE delivery to other pharmacists.

They were grouped into four categories according to their likely CE requirements and the possibility that they would have similar issues affecting their CE participation. The four categories that comprised the focus groups were:

- Experienced Pharmacists–qualified for more than 5 years;
- Recently qualified Pharmacists–qualified for 5 years or less;
- Pharmacists with specialist training needs such as home medication reviews;
- Pharmacists practising in rural or remote areas.

An independent facilitator conducted the focus groups, using an approved protocol that included standardised questions to ensure each group examined the same issues in the same order. The interview questions were developed through a review of the literature and aimed to explore the issues that were identified. Discussions were recorded with consent, transcribed by the facilitator and analysed by the researchers.

The participants were asked about their experiences and opinions of many aspects of CE, including its delivery and assessment. Open-ended questions were used to gain general insight into attitudes to CE, such as:

> "When I say the words 'Continuing Education for Pharmacists' what is the first idea or picture that springs to mind?"

and to gain insight into the relevance of CE:

> "To what extent has continuing education, as you have just described, been worthwhile in contributing to your professional development and/or level of service in community pharmacy?"

and to gain information concerning perceived barriers to involvement in CE:

> "What are the factors affecting your participation in CE?"

Results

The analyses of CE in Australia from the four groups of pharmacists are presented together. Fifteen pharmacists (nine female and six male) working

in five of the seven Australian states and territories participated. The findings are presented under the themes identified.

Barriers to CE

The most commonly identified barriers described as limiting pharmacist participation in CE are shown in Table I. Pharmacists identified a range of time-associated barriers and a range of other barriers, relating to relevance and quality of material and accessibility of CE activities and motivation.

> "the barrier is time and expense"

> "Time and family commitments and business commitment"

Time commitment

Most pharmacists attended CE lectures monthly or twice monthly, and conferences once or twice a year, although some reported less frequent attendance.

> "I would be involved in some kind of CE once a fortnight–on average for an hour"

While conferences were seen as good opportunities for CE, pharmacists reported difficulty in attending due to the cost of associated travel and the need to be away from work for extended periods. Incorporating vacation time was of assistance, but not always possible to arrange.

> "not terribly frequently, basically due to travel reasons and distance. It's probably every three or four months unless there's something locally"

Accessibility

The accessibility of CE activities, both in terms of location and cost, is an issue identified by many pharmacists. One of the major providers of CE for pharmacists in Australia charges both its members and non-members to attend CE sessions. The cost of attending CE–including the actual cost of the CE and also travel, lost or forgone salary, accommodation and locum pharmacist costs–can be prohibitive. Furthermore, pharmacists with young families reported increased concern over their expenditure on CE, therefore requiring difficult choices concerning which organisation to join and which CE to attend.

> "Cost is a real thing because it's getting to the stage where weekend seminars are getting beyond the average person"

> "I would hate to see the bill for my costs for the year"

Night-time CE programs were thought to be difficult to access because of the timing and distance to travel to the venue.

> "So you can't really go when you've finished a ten hour day and then gone to visit your nursing home and then drive to [the CE venue]. You'd get there after the start and wouldn't get home till midnight. So, it's really inappropriate."

Pharmacists in rural and remote areas, regardless of age or experience, attend fewer CE activities due to the limited availability of CE activities, the inconvenience of travelling long distances and the relevance of CE offered.

> "what's accessible to you ends up being a low number of contact hours"

Relevance, quality and method of delivery

The relevance of CE programs generated much comment. One pharmacist expressed concern that there was a lack of CE program planning:

> "We (The Pharmacy Profession) don't really ask pharmacists what they want. We just have a delivery of something to the masses and sometimes we don't

Table I. Barriers identified by pharmacists as limiting their participation in CE.

Time associated issues	Relevance or other issues
Getting away from work and finding replacement staff (a locum, if a sole pharmacist)	Lacking incentive (some part-time pharmacists)
Making time (with extended work hours a consideration)	Non-compulsory nature of CE
Timing of sessions (weekend CE activities may be difficult for pharmacists with young families)	Lacking support and knowledge of CE events from organisations
Conflicting priorities	Avoiding perceived regulatory CE scrutiny
Suitability of location	Slow speed of internet connection
Competing business, family or other commitments	Being "tired" (from work commitments)
Community commitments	Apathetic, lazy
	Resistant to change or "being told"

tease out what people feel about it or about the difficulty and whether it really challenges people"

There were other comments regarding the relevance of presented topics. The specific nature of some CE activities elicited comment from one participant:

"there are a lot on offer [CE topics] that are just not relevant. They may be highly specialised and on very specific areas—like liver transplants, HIV—which for me doing the sort of work I do is not really relevant, but sometimes they are [relevant] and they are very accessible and usually of good quality."

Some pharmacists felt that CE needs to be targeted to the needs of specific groups to make it relevant to pharmacists with different levels of knowledge and areas of expertise. Others felt that all CE activities were useful, particularly if they had not identified specific learning needs.

"It's useful but sometimes it doesn't give you the little things you want as a pharmacist. It doesn't answer all the questions"

"What you do learn, you never know when you're going to need it."

Concern was expressed about the over-theoretical nature of some CE activities, believing the activities needed to be more clinical or "hands-on". This content style was felt to be due to the presenter's lack of clinical involvement:

"a lot of the stuff would be run by university people who would be totally out-of-touch with people that we're all dealing with ..."

Some current CE was felt to be lacking, particularly in the area of evidence-based medicine. The quality of CE undertaken by medical practitioners was felt to exceed that available for pharmacists, making it difficult for pharmacists to collaborate with them on an equal basis.

"we know a lot about pharmacology but a lot of GPs these days are applying evidence-based medicine to treatment protocols, based on large randomised-controlled trials and pharmacists miss out on that education. It's not really in a lot of the CE that we get"

"Sometimes pharmacists aren't aware of this up-to-date information. That's a big barrier to collaboration"

Pharmacists recognised that there are a variety of options provided in an attempt to address pharmacist's needs and maximise attendance. A variety of delivery styles is enjoyed by pharmacists, suggesting that provision of a range of CE modes should continue. Rural and remote pharmacists preferred hands-on tasks and problem solving, the content and context of which they remember for a long time, even though the numbers of pharmacists attending is dwindling affecting the viability of many programs. Some participants also mentioned the use of video recorded lectures and internet-based programs.

"A number of good programs do exist out there now that people just don't access"

Small interactive groups that stay structured and focused were most popular, while consultant pharmacists particularly value interactions with GPs from which they form good working relationships and rapport.

"... they have to be small group sessions and have to be interactive. Those are the things where I come away and feel that I've gained the most from."

"I like the ... structured courses"

Motivation

The view was expressed that while some pharmacists made a considerable effort to attend CE and keep up to date, some of their colleagues rarely attended CE activities. Participants expressed a belief that a certain proportion of pharmacists did not participate because they lacked motivation, were apathetic, weary of the job or resistant to the notion of CE. The availability of easily accessible information via the internet was felt to decrease the incentive to attend formal CE sessions at night or weekends when theses times conflicted with family or leisure time.

"a lot [of pharmacists] just dismiss CE as a pain or they're just fundamentally lazy"

"It also comes down to a motivational thing as well—how much they really want to put in and what sort of pharmacists they want to be. ... you can be a tablet counter and a label typist or you can be a pharmacist. There are a lot who want to excel and blaze a trail in certain areas and they are motivated to go and learn and expand their knowledge and share that with everyone else"

"probably a bit of laziness. They're content where they are at the moment"

The respondents felt that some pharmacists would choose not to attend CE if attendance was not compulsory.

"it hasn't been compulsory. People do things when they have to"

Ideas to improve uptake of CE

Pharmacists suggested a variety of ways in which attendance at CE activities may be improved these are presented in Table II.

Mandatory CE

Some pharmacists believed that making CE mandatory for registration was important, but that the level of CE required should be achievable. They believed mandatory CE should be made a requirement but with flexibility to allow for some pharmacists' difficulty in accessing relevant CE because of age or geography.

> "CE points that are compulsory would really drive it. But I'd just offer a wide variety of content and ways of accessing it"

Others believed that mandatory CE was not an answer and preferred portfolio development as a way to encourage CPD which decreases problems associated with distance and other commitments. Portfolio development was thought to be tedious but interesting because it forces pharmacists to consider their own learning and CE needs. Linking CE activities to competency standards may also give pharmacists an incentive to attend.

> "when the portfolio was introduced it just made me a little more focused on really getting a learning outcome when I was finding something out, as distinct from if I was just checking out what was happening and what was new"

Financial concerns

It was felt that sources of funding were available to assist pharmacists to attend CE activities and these should be better promoted to help subsidise the associated costs.

Table II. Ideas provided by pharmacists to improve effectiveness of CE.

Appealing to pharmacists' sense of camaraderie and companionship with fellow pharmacists
Develop strong pharmacists' network
Make CE compulsory/mandatory with achievable level of involvement
Look at portfolio development rather than mandatory CE
Publicise assistance schemes that are available to assist in funding individual's CE activities (e.g. funding for travel when attending out-of-town CE activities)
Offer a wider variety in content and in mechanism for accessing CE
Better communication to pharmacists about what CE is available utilising a mailing list
Link CE activities to competency standards to give pharmacists incentive to attend
Engage more community pharmacists in pharmacy research. The knowledge gained from such exercises can enrich their professional development
Make CE activities free and include a meal
Have recommended prior reading or prerequisites when organising CE activities
Better education for pharmacists at undergraduate and entry level to create a culture of never-ending lifelong learning attitude.

> "we need to publicise these things through professional avenues to make people aware of their potential"

Minimising course fees and maintaining affordable professional membership fees would also increase participation.

CE variety

A variety of delivery styles is enjoyed by pharmacists, and it was suggested that a range of CE modes would be necessary to maximise attendance. It was also felt that offering a wider variety of topics and multiple means of accessing CE would be helpful.

Other

Better communication to pharmacists about what CE is available, possibly through use of a mailing list, was considered by some pharmacists as important. The use of recommended pre-reading or prerequisites for CE activities was also suggested to make CE more useful.

Discussion

The need for pharmacists to overcome significant barriers has an effect on their motivation to undertake CE. Motivation will be decreased if the CE activity is not well organised, well publicised or perceived to be of relevance to the pharmacist (Wilson & Bagley, 1999). The cost of CE is also a deterrent, particularly when other barriers also exist. It may be that government funding of mainstream educational activities should be sought to ensure that affordability does not prevent pharmacists from maintaining and developing competencies.

Time

The major barrier to pharmacists attending CE activities has previously been reported as lack of time (Wilson & Bagley, 1999; Brackley, 2001; Mottram et al., 2002; Wilson et al., 2003). The results of this research suggest that Australian pharmacists, like those in Great Britain, would have difficulty completing even 30 h of CE each year (Hull & Rutter, 2003). This review identified barriers to attendance at CE events, mostly related to the substantial and unavoidable job-related commitments of community pharmacists due to extended hours of business. Family commitments and the need for leisure time also have a significant impact on the time available for attendance at CE activities. The significant barrier associated with the inability to find locum cover, highlights important practical considerations, particularly in rural areas where considerable travel time is involved.

Accessibility

This research also suggests that the travel over long distances required by Australian pharmacists in order to attend scheduled CE activities is an important consideration as it also impacts upon the time required for attendance and the logistics of running a business. In rural areas of Australia, the distance that must be travelled can be substantial and the limited number of CE activities offered may not suit the learning needs of pharmacists, thus creating a further disincentive to attend. This problem creates a vicious cycle as decreased attendance at CE activities can make them less financially viable to conduct and therefore they are less frequently organised. The use of material provided over the internet and via video-recordings was also considered valuable as these modes of delivery overcome many of the barriers related to scheduling, cost and choice of topics. There is therefore an added responsibility to ensure a flexible approach to education delivery using a variety of modes—both traditional formats such as lectures and workshops, as well as more flexible modes of delivery to provide alternative access such as internet discussion groups and distance learning. Online delivery of education is likely to become increasingly utilised in rural and remote Australia as broadband connectivity becomes more widespread. An increase in the options for flexibly delivered educational programs may be required to meet the needs of busy pharmacists who have opportunity to access current technology. In the environment of rapid technological advances it will be important to develop expertise within the profession for the developing modes of delivery, and to discern where contact education can be replaced without affecting the quality of education delivered.

The ability of pharmacists to access high quality CE programs delivered flexibly at little or no cost may decrease those barriers for pharmacists who are motivated but who have significant time and financial restraints.

Relevance

The method by which CE is delivered may determine which pharmacists can obtain reasonable access to it. Attendance at workshops, which has been reported previously to be a preferred method of CE delivery (Hull & Rutter, 2003), was also preferred by this group of participants as they allow more "in depth" coverage of a particular topic, are usually scheduled at weekends and allow time for networking and sharing ideas with peers. Family commitments and weekend work may, however, provide a disincentive to attendance at workshops, as previously reported (Hull & Rutter, 2003).

Programs that are prepared with staged delivery of content in a flexible manner, which allow choice, both of topic and depth of material, may suit a variety of needs. Pharmacists could choose topics that are relevant to their learning needs and select material of a depth that is comfortable and challenging to them.

Motivation

The need for mandatory assessment of CE stems from a need to ensure that all practising pharmacists are maintaining and developing their competencies and practice skills. Focus group feedback suggested that some pharmacists are apathetic towards participation in CE activities and that the approach of making CE activities compulsory for pharmacist registration may therefore be necessary. Even the enthusiastic CE participants in our focus groups were wary of the prospect of being unable to meet high competency expectations because of an absence of sufficient guidance from registering authorities about how to meet assessment criteria and demonstrate competency. Appraisal of CE/CPD activities needs to be carried out in partnership with pharmacists, and there may also be a place for positive incentives rather than a punitive approach. The common practice of simply measuring CE participation rates as contact hours is a poor indicator of competence (Rouse, 2004) and may risk encouraging CPD points seeking rather than a thorough consideration of personal professional development needs. It may even be counterproductive if it encourages pharmacists to undertake whatever CE is convenient and accessible, at the cost of not undertaking more relevant CPD. It is therefore important to develop in undergraduate students a culture of lifelong learning and an expectation of undertaking CPD.

Some pharmacists who have not attended regularly may get "out of the habit" of attending CE without it markedly affecting the ability to function as a pharmacist creating a further disincentive.

The ability of pharmacists to access a more diverse range of CE activities will become increasingly important in the face of new roles being developed for community pharmacists. Educational needs will also change with the increasingly multi-disciplinary nature of practice and a more complex practitioner–patient relationship in primary care, especially in light of new pharmacist prescribing models. Pharmacists must also develop the skills to make independent evaluations about the quality and validity of information because of exponential growth of unregulated and broadly accessible information on the internet and elsewhere. The main value of CE therefore lies in its contribution to CPD (The Council on Credentialing in Pharmacy, 2001).

Conclusion

This qualitative study investigated the perceived barriers to involvement in CE activities for Australian

pharmacists. The major barriers identified were time, accessibility and relevance of material. An increase in the use of a wide variety of flexibly delivered programs supplemented by in-depth workshops may be required to decrease these barriers and improve uptake of CE within the profession.

Limitations

Focus groups are a key method in qualitative research, used to explore a specific issue or set of issues by using group interaction to generate the data. Whilst focus groups conducted via teleconference limit the number of participants within each group (Hurworth, 2004), they have the advantage of overcoming geographical difficulties and can facilitate interaction between participants who otherwise could not easily meet face to face, such as rural and remote practitioners. They are also useful for professionals with busy schedules as they remove the need for travel to an interview venue, require fewer participants and take less participant time (Hurworth, 2004). The limited number of pharmacists in each group may have limited the views able to be obtained using this methodology.

A further limitation may be associated with the fact that those pharmacists who volunteered to participate generally participated in regular CE and may have had particular views concerning CE that are not shared by the pharmacy community in general.

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