

Autonomy and relevance in annual recertification

DIANE HARRIES[†]

New Zealand College of Pharmacists, Wellington, New Zealand

(Received 20 December 2005; revised 20 April 2006; accepted 4 May 2006)

Abstract

Ongoing competence assessment is becoming mandatory for health professionals in New Zealand. The Pharmacy Council of New Zealand has introduced a system, that measures the application of learning to practice. The advantages of the system are that it rises above the tokenism of completion of certain numbers of hours of unspecified education and takes a firm step towards relevant learning. The challenges arise from implementation of the system, particularly from pharmacists who may resent the imposition of mandatory reaccreditation and consider this a negation of their professional autonomy. It could be argued that there is still considerable autonomy remaining in their choice of learning activities and judgment of outcome credits, in an era when transparency of professional competence has become a matter of public concern.

Keywords: *Annual recertification, autonomy, mandatory continuing professional development, outcome credits, relevance*

The New Zealand government recently introduced the Health Practitioners Competence Assurance Act 2003 (HPCA), which requires pharmacists to undertake continuing professional development (CPD) based on a framework of competence standards written by the Pharmacy Council. Using a reflective and continuing cycle, pharmacists identify their specific learning needs, plan and carry out appropriate learning, which may be formal or informal, and then evaluate the outcomes of that learning. This evaluation focuses on the application of the learning to practice, with one, two or three outcome credits being assigned by the practitioner, based on whether the new knowledge has informed his practice, improved his practice to some degree or developed it to a significantly higher level.

A pharmacist may use short, well-focused resources that provide relevant learning in a very time-efficient manner and is not burdened by an artificially specified number of hours. Learning activities should be selected by their relevance to the practice area in which the

pharmacist has determined further study is required, rather than because of interest, ease of access or low cost. The individual has considerable freedom to choose whatever learning activities satisfy their personal learning style and aspirations.

The greatest challenge is the implementation of the new system. Given that pharmacists in New Zealand have never been subject to formal requirements for CPD previously, they are not accustomed to providing documented evidence. I envisage the imposition of yet another paperwork task on a profession already burdened with bureaucracy will create considerable irritation and resistance. Shifts in attitudes from resentment to acceptance will be crucial if this work is to be understood and completed to an acceptable standard within the time frame.

The most significant advantage of the outcome credits concept is that it measures and encourages the true intention of CPD—actual benefit to practice in the workplace. It does not attempt to measure professional competence itself as this is seen as a problematic

Correspondence: D. Harries, PO Box 11 768, Wellington, New Zealand. Tel: 64 04 802 0036. Home: 64 04 384 3262. Fax: 64 04 381 4786. E-mail: d.harries@psnz.org.nz

[†]Current position as Programme Manager, New Zealand College of Pharmacists, Wellington. This article represents my personal opinion developed by my personal study.

concept with many facets that require elaborate, expensive and lengthy assessment only justifiable in the initial registration situation. Many authors have discussed the difficulties of this process, for example, Eraut (1994), Pratt (1998), Rethans et al. (2002), Schuwirth et al. (2002), Bellingham (2004). While it is recognized that it is also problematic to measure a subjective concept such as application of learning in numerical terms, the process is still seen as a valid step towards achieving the ultimate goal of improved professional practice. I argue that it is an ethically sound system, as it will support a responsible approach to CPD and competence that will empower effective practitioners. Those who are already in the habit of studying relevant materials of benefit to their patients will be supported by this system.

Self-awareness is a fundamental part of the internal process of self-assessment using the competence framework. Unfortunately, with people being limited by their own interpretations, there may be cases where people under or overestimate their own abilities. While there is no problem with individuals who recognize their shortcomings and work towards addressing those, there is concern regarding those incompetent practitioners who are unaware of their inadequate skill level. However, this system will address the shortcomings of these individuals by imposing a regime of ongoing learning that will work towards improving their competence, without getting sidetracked by attempting to define their true competence level.

From the personal viewpoint of the health professional, the impact of mandatory CPD on their professional autonomy is not to be underestimated. Previously, the requirements to maintain competence were covered by a professional ethical obligation to seek and apply contemporary pharmacy knowledge and skills. This depended entirely on the pharmacist's diligence to their professional responsibilities and care of their patients. If the pharmacist considered that adequate knowledge updating had been achieved, that was all that was required. There was no mechanism to ensure that this was being carried out to any specified quality standards. However, it did allow pharmacists to exercise their rights of professional autonomy to the fullest extent. I argue that at this point the pharmacists did not have the freedom to ignore the need to remain up to date and competent. Individuals wishing registration in a health discipline must accept all of the constraining regulations and ethical obligations in order to gain entry. This professional responsibility effectively limits their power to behave without rationality and reason. Autonomy can only ever be a balance between personal freedom and social justice (Lawson, 1998). Consequently, when individuals declare a loss of autonomy under the imposition of

mandatory CPD, I argue that they never had this imagined autonomy in the first place.

I propose that the new system adopted by the Pharmacy Council does in fact maintain a significant degree of autonomy for pharmacists as they reflect on their own needs and assign their own outcome credits. Some guidance may be required during the initial stages of teaching the process, however, if a pharmacist feels justified in defending their judgment on an issue of contention, their professionalism will be respected. Providing all the appropriate documentation is in place, the professional has the freedom to develop their practice in the most suitable fashion.

Pharmacists may have barriers to mandatory CPD for a variety of reasons. It may be due to an attitude of resistance to change, after decades spent in a familiar and secure professional role, where a minimal level of continuing education was necessary. Health professionals who trained in the past, with an expectation that there would be no more examinations, are likely to hold a different attitude compared to today's graduates who know that they will be regularly audited to ensure they are keeping current. They may have barriers relating to discomfort at applying themselves to serious study after so many years of complacency. They may fear failure in a formal course. Significant changes in attitude may be necessary.

I believe that the Pharmacy Council has taken these very real barriers into account when deciding on the requirements to impose on pharmacists to ensure the maintenance of competence. The Pharmacy Council was itself constrained because the system chosen needed to be able to stand up to public scrutiny, but at the same time it needed to maintain the pharmacist workforce, which is fully stretched to keep up with the demands of the nation. In a situation where outcomes are relatively intangible, I believe this system encourages practice improvements in the direction that will benefit public safety in the best possible way.

References

- Bellingham, C. (2004). What makes pharmacists competent? *The Pharmaceutical Journal*, 273, 779–780.
- Eraut, M. (1994). *Developing professional knowledge and competence*. London: Falmer Press.
- Lawson, K. H. (1998). *Philosophical issues in the education of adults*. Nottingham: Continuing Education Press.
- Pratt, D. A. (1998). *Five perspectives on teaching in adult and higher education*. Malabar, FL: Kreiger Publishing Company.
- Rethans, J.-J., Norcini, J. J., Baron-Maldonado, M., Blackmore, D., Jolly, B. C., LaDuca, T. et al. (2002). The relationship between competence and performance: Implications for assessing practice performance. *Medical Education*, 36, 901–909.
- Schuwirth, L. W. T., Southgate, L., Page, G. G., Paget, N. S., Lescop, J. M. J., Lew, S. R. et al. (2002). When enough is enough: A conceptual basis for fair and defensible practice performance assessment. *Medical Education*, 36, 925–930.