Continuing Professional Development (CPD)

Mike Rouse
Asst. Exec. Director, Professional Affairs and Director, International Services, ACPE
District 3 Meeting
August 11, 2012
Savannah, GA
Learning Objectives

• Explain the concepts and components of CPD
• Summarize strategies for effective lifelong learning
• Explain the limitations of a mandatory CE model
• Describe obstacles and challenges to self-directed learning
Why are we having this discussion?
The Continuum of Education for Professionals

What competencies are required for pharmacy practice?

Life Long Learning

Institute of Medicine: HCPs not adequately prepared or supported in practice
History of CE and CPD in the United States

1965
- State-mandated CE in Florida

1972
- National Association of Boards of Pharmacy, CE for re-licensure*
- Request to ACPE to accredit CE providers

1974
- Policies calling for CPD from professional groups

2003-05
- State-based CPD pilots

2006
- New ACPE CPE Standards

2007
- New CE definition includes pharmacy technicians; “P” and “T” designations introduced

*1972-74 American Pharmaceutical Association-American Association of Colleges of Pharmacy Task Force on Continuing Competence in Pharmacy: CE best available mechanism for assuring pharmacist proficiency, but temporary measure until effective system developed to assess competence.
Two Firsts for District 3

- Florida
  - First state to require CE for relicensure (1965)

- North Carolina
  - First state to accept CPD for relicensure (2010)
What’s Changed in 35 Years?

- Complexity of care provision
  - patient demographics, patterns of disease/morbidity, health care system, range and sophistication of pharmaco-therapeutic agents, new technologies, payment systems, managed care, new prescribers
- Expanded scope of practice for pharmacists and pharmacy technicians; pharmaceutical care/MTM; new career opportunities
- All PharmD, advanced training and credentials, certification and specialization
- Regulatory environment, especially regulation of pharmacy technicians
- Business models; chains; IT and clinical support systems
- Patient access to information
- Team-based care, CDTM

Acknowledgments: Lowell Anderson, Pete Vlasses, Ed Webb
If it’s not broken, why fix it?

“The current system of continuing education for health professionals is not working. Continuing education for the professional health workforce needs to be reconsidered if the workforce is to provide high quality health care. A more comprehensive system of CE is needed, and CPD provides a promising approach to improve the quality of learning.”

IOM Report 2009: Redesigning Continuing Education in the Health Professions

• Absence of comprehensive and well-integrated system of CE is an important contributing factor to knowledge and performance deficiencies
• There are major flaws in the way CE is conducted, financed, regulated, and evaluated
• The science underpinning CE for health professionals is fragmented and underdeveloped
• CE efforts should bring health professionals from various disciplines together in carefully tailored learning environments
• A new comprehensive vision of professional development is needed; CPD provides a promising approach to improve the quality of learning
2011/2 Survey of Members and Staff of State Boards of Pharmacy by ACPE

- Administered August 2011 to March 2012
- Gather input to help inform future ACPE initiatives and direction for models that support lifelong learning of pharmacists and pharmacy technicians
- Responses from individuals from 32/53 states and territories (60%)
The current mandatory, hours-based CE system effectively meets the lifelong learning needs of pharmacists?

- Strongly Agree: 28%
- Agree: 36%
- Undecided: 7%
- Disagree: 22%
- Strongly Disagree: 6%
- Unable to Answer: 2%
Select the statement below that the best describes your level of knowledge about the CPD approach/model for lifelong learning.

- Very experienced (e.g. have taught or applied CPD) - 2%
- Experienced (e.g. have attended training/educational programs and/or studied the model) - 12%
- Aware (know the term, key concepts and components) - 37%
- Limited (previously heard of the term or concept) - 33%
- Non Existent (not aware of CPD before this survey) - 16%
Has the CPD approach/model for lifelong learning been discussed by your Board?

- Yes: 25%
- No: 45%
- Unsure: 30%
CPD in PharmD Program Accreditation Standards

- Professional Competencies and Outcome Expectations (Std 12): Include the development of the skills necessary to become self-directed lifelong learners (students assuming a greater responsibility for their own learning outcomes)
- Evaluation of Student Learning (Std 15): Demonstrate and document in student portfolios that graduates have attained the desired competencies.
- Faculty and Staff Continuing Professional Development and Performance Review (Std 26): The school must have an effective continuing professional development program for faculty and staff consistent with their responsibilities; use of portfolios encouraged.
CPD in CPE Provider Standards

Compared with previous standards, Standards 2009 place greater emphasis on:

- Learning outcomes vs. learning process
- Application of learning
- Skills development
Defining Some Terms

• Continuing Education: a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing education promotes problem-solving and critical thinking and is applicable to the practice of pharmacy. (ACPE)

• Continuing Professional Development: the lifelong process of active participation in learning activities that assists individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals. (ACPE)
From the State-Based CPD Pilots:

Continuing Professional Development: a self-directed, ongoing, systematic and outcomes-focused approach to learning and professional development.

CPD Value Statement:

“Pharmacists who adopt a CPD approach accept the responsibility to fully engage in and document their learning through reflecting on their practice, assessing and identifying professional learning needs and opportunities, developing and implementing a personal learning plan, and evaluating their learning outcomes with the goal of enhancing the knowledge, skills, attitudes and values required for their pharmacy practice.”
The Elements of CPD

I consider my current and future practice, and self-assess my professional development needs and goals.

- I consider the outcomes and effectiveness of each learning activity and my overall plan, and what (if anything) I want or need to do next.

- I develop a “Personal Learning Plan” to achieve intended outcomes, based on what and how I want or need to learn.

- I implement my learning plan utilizing an appropriate range of learning activities and methods.

- In my “CPD Portfolio” I document important aspects of my continuing professional development; it is a valuable reference that supports my reflection and learning.
Some Key Messages

- CPD must be seen more as an approach than a process
- Learners must be fully engaged in their learning to maximize the outcomes
- Self-directed learning is a competency, requiring knowledge, skills, attitudes and values
Pharmacists and pharmacy technicians want to learn, but …

“…you go, you sit, you listen,…you forget”*

* Pharmacist’s quote from article by Austin et al; AJPE 2005; 69 (1) Article 4
Conclusions from the Literature

• CE can be effective in both learning and practice change, but …

• More successful (learning, practice change) if:
  – Area of interest or preference
  – Related to daily practice
  – Programs selected in response to identified need
  – Interactive, hands-on
  – Use more than one intervention; continuing not opportunistic
  – Use reflection
  – Self-directed (content and context)
  – Focus on specific outcomes/objectives
  – Commitment to change
The Concepts and Components of CPD
REFLECT

- Reflect on
  - Yourself as a person
  - Yourself as a professional
  - Your professional practice
  - Your knowledge and skills
  - Your learning preferences
- Identify learning needs and opportunities
  - Must address several competency areas
- Frame learning objectives
  - Broad / high-level
Reflection: the Starting Point for Self-Directed Learning

Psychoanalytic approaches to learning stress making the UNCONSCIOUS CONSCIOUS
IMPORTANT!

- It’s “self-assessment” … not “self-assassination”

- The purpose is primarily to identify learning needs and opportunities, not to assess level of competence
PLAN

• Develop an action plan to accomplish your learning needs identified during the REFLECT stage
• Develop individual learning objectives
• Identify and set priorities
• Address all competency areas
• Develop a timeline with your action plan; be realistic
PLAN

- Long-term: three to five year plan
- Short-term: one year plan
- Identify activities to help you meet your learning objectives (structured/unstructured)
- Take into account your “learning style”
- Identify resources needed to accomplish your learning objectives
- Review at least annually
Developing SMART Objectives

• **Specific**
  
  Be precise about desired achievement

• **Measurable**
  
  Quantify objectives

• **Achievable**
  
  Ensure realistic expectations

• **Relevant**
  
  Align with practice and/or organizational goals

• **Timed**
  
  State when objective will be achieved
LEARN

• Implementation of personal learning plan
• Activities chosen should be outcomes-driven to meet stated learning objectives
• Use a variety of learning methodologies and activities
  ✓ Formal/structured/accredited activities
  ✓ Informal/unstructured activities
  ✓ Work-based learning
EVALUATE

• Reflection on your learning; outcomes and impact versus “satisfaction” with educational programs

• Review your personal learning plan at least annually
  – Evaluate progress toward achieving your objectives
  – Evaluate the educational activities to ensure adequate content and learning
  – Ensure you are following action plan and timeline
  – Consider changes that have occurred professionally that may require adjustments in your objectives and plan
EVALUATE

• Leads to reflection, completing the continuum
  – New plans are designed based on updated learning and development needs and goals
RECORD & REVIEW (Portfolio)

- Documentation is integral to each component of the learning cycle
- Dynamic, comprehensive tool to record and retrieve information, reflection, action plans, etc.
- Facilitates achievement of learning objectives and personal learning plan
- Needs to be readily accessible, simple to use
- Ideally standardized format (electronic/paper)
Use of a CPD Portfolio must not become:

- “busy work”
- a burden
- a barrier to learning
Making the Right Connections
What’s the Connection?

CE

Learning

Licensure Renewal

Practice
What’s the Connection?

HOURS-BASED LEARNING

CE

Licensure Renewal

NEEDS-BASED LEARNING

Learning

Practice
<table>
<thead>
<tr>
<th>Area of interest or preference</th>
<th>CE</th>
<th>CE+CPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related to daily practice</td>
<td>★</td>
<td>★★★</td>
</tr>
<tr>
<td>Programs selected in response to identified need</td>
<td>★</td>
<td>★★★</td>
</tr>
<tr>
<td>Interactive, hands-on</td>
<td>★★★</td>
<td>★</td>
</tr>
<tr>
<td>Use more than one intervention; continuing not opportunistic</td>
<td>★</td>
<td>★★★</td>
</tr>
<tr>
<td>Use reflection</td>
<td>★★★</td>
<td></td>
</tr>
<tr>
<td>Self-directed (content and context)</td>
<td>★</td>
<td>★★★</td>
</tr>
<tr>
<td>Focus on specific outcomes/ objectives</td>
<td>★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Commitment to change</td>
<td>★</td>
<td>★★★</td>
</tr>
</tbody>
</table>
CPD: Bridging the Classroom and the Workplace

“The new vision for continuing education will be based on an approach called continuing professional development (CPD), in which learning takes place over a lifetime and stretches beyond the classroom to the point of care.” IOM December 2009
CPD: Bridging the Classroom and the Workplace

or “ACT”
The Challenges of Self-Directed Learning/CPD

• Self-directed learning is a skill
• “Overcoming” the predominant learning style/preference for pharmacists
• Resistance to change
• How best to support diverse learners (providers, professional associations, etc.)
• Evaluation and validation (expertise and resources for regulator)
• Initially more time, effort and self-motivation required by the learner (approach vs. process)
• Expense?
• Keeping it simple (KISS); avoid “busy work”


http://www.pharmacycredentialing.org/ccp/cpdprimer.pdf

5. Davis N., Willis C. A new metric for continuing medical education credit. JCEHP. 2004; 24:139-44.

www.fip.org


Thank you for your attention!