

mandatory continuing professional development

consultation document

Continuing professional development (CPD) provides a means for the profession to reassure the public that pharmacists maintain and enhance their capabilities throughout their working lives. CPD for pharmacists is expected to become mandatory soon. The Council of the Royal Pharmaceutical Society has considered broad proposals from the Society's CPD implementation committee and now wishes to seek the views of members.

This document explains the current proposals, particularly as they relate to the issues of who will be subject to mandatory CPD and how they will be affected. The proposals apply to all members, including those registered overseas. A survey to ascertain members' views on the proposals will be distributed with next week's *Pharmaceutical Journal* and everyone is invited to respond. It will also be available to download from the education section of the Society's website (www.rpsgb.org.uk/education).

Background

The Government requires all health professions to set up systems of mandatory continuing professional development. Pharmacy has no choice in this, but recent consultations indicate that most pharmacists also want mandatory CPD.

The Government made its view clear last year in its response to the Bristol Royal Infirmary inquiry (the Kennedy report)*. The need for CPD for health professionals was also highlighted in the NHS Plan and, for pharmacists, in *Pharmacy in the Future — Implementing the NHS Plan*. CPD is also recognised as important by the devolved administrations.

The membership's views on CPD have been positive in previous consultations. Respondents to the Pharmacy in a New Age (PIANA) consultations in 1996 favoured CPD, although their opinion was

divided on whether it should be mandatory. Four years later, most pharmacists who commented on the Society's Health Act Working Party document "Measures to ensure professional competence and lifelong learning" agreed that pharmacists should undertake some form of CPD to remain on the Register of Pharmaceutical Chemists.

Following the PIANA consultation, the Society, with other bodies in pharmacy, began planning a comprehensive CPD system for the profession. After pilot studies, this system is now being rolled out on a voluntary basis. It is likely to have been launched to all pharmacists by the time CPD becomes mandatory.

It must be emphasised that neither the CPD implementation committee nor the Council is proposing to separate membership of the Society from registration.

* The Kennedy report can be found at www.bristol-inquiry.org.uk

How will CPD become mandatory?

Mandatory CPD will almost certainly be introduced as part of the proposals for an Order under Section 60 of the Health Act 1999. The Council will develop proposals for the new legislation, which will be submitted to the Government. The Order will modernise the regulation of pharmacy. Once the legislation is in place, implementation plans will be developed.

Who will be affected?

An essential principle of the Society's CPD model is that pharmacists need to learn those things that enable them to do their jobs better. However, pharmacists work in many different settings and some choose to remain on the register even though they do not work as pharmacists at all. How should the profession's CPD requirements apply to pharmacists working in different sectors and occupations? This has been one of the key considerations in discussions to date.

The CPD implementation committee's analysis of the Government's intentions is that mandatory CPD should apply to anyone "holding themselves out to be a pharmacist".

The committee's proposal is that the register should be restructured into active and inactive members (or practising and non-practising members). This could potentially be done by dividing the register into two parts, by annotating the type of membership in one main list, or by having two registers.

A pharmacist who wants to remain a member of the Society would have two options:

- Meet CPD requirements and stay in the active class
- Make a declaration that he or she does not "purport to be or to practise as a pharmacist" and move to the inactive class

If neither option was acceptable, the pharmacist would have to leave the Society.

Active members would need to provide evidence of satisfactory completion of CPD. Members in the inactive class would not have to meet the Society's CPD requirements but would still be subject to the Code of Ethics.

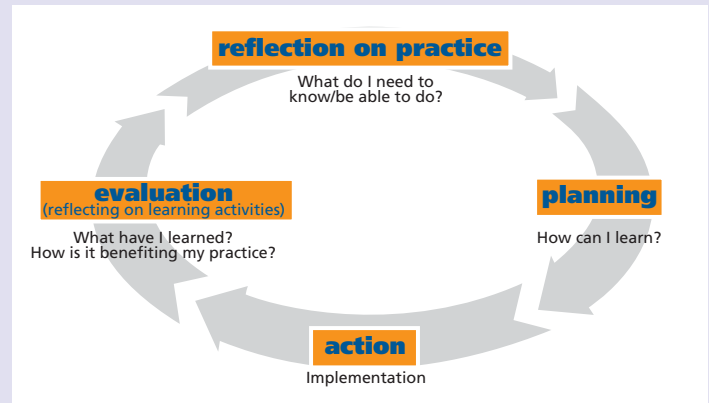
Of course, a means would be needed for pharmacists to move between the inactive and active classes, and for the public to be able to differentiate between the two classes.

Pharmacists who choose to move to the inactive class would have to make a declaration to the Society that they are not active in pharmacy. Anyone making an

What is CPD?

The Society defines CPD as "everything that you learn which makes you better able to do your job". CPD is not the same as continuing education (CE), but CE is one component of CPD.

CPD is generally seen as a four stage cyclical process involving reflection on practice, planning, action and evaluation. The Society's view is that most pharmacists already carry out CPD but do not



record it. The mandatory system will require pharmacists to document their learning in a systematic way and to submit CPD records for review by the Society, probably every three to five years.

The Society's CPD scheme does not yet define a minimum "quantity" of CPD that has to be recorded. For further details on the scheme, see www.rpsgb.org.uk/education.

inaccurate statement would be open to disciplinary action. Importantly, in this context "active" does not just relate to direct patient care but covers any work involving the broad science and practice of pharmacy. (This is one reason why the words active/inactive might be preferable to practising/non practising.)

The "active" group would therefore not only relate to hospital and community pharmacists. It would embrace a much wider group of pharmacists who are considered to require CPD on the grounds of public interest and/or safety.

In their deliberations, the CPD implementation committee and the Council have categorised pharmacists into three main groups:

- **Group 1** Those undertaking a job that must be or is normally undertaken by a pharmacist, eg, a community, hospital or primary care pharmacist
- **Group 2** Those undertaking a pharmacy or health care job(s) for which they do not actually have to be a pharmacist, eg, an industrial or academic pharmacist, or a person working as an administrator/manager or a journalist within a pharmacy or other health context
- **Group 3** Those who have retired or who are on an extended career break or who are otherwise not active in pharmacy (science, practice or, say, management), eg, a pharmacist who works exclusively as a solicitor, an accountant or a landscape gardener

What are others doing about CPD?

The health professions are approaching mandatory CPD in different ways and at different rates. There is no one blueprint to adopt and it is too early to know what view will be taken by the Council for the Regulation of Health Care Professionals, the new body that is being established by the Government to oversee health regulators and seek a degree of consistency between them.

The schemes for doctors and nurses are broader than those proposed by the Society in that these bodies have set up systems for revalidation. The General Medical Council* plans to split its register in two: a revalidation (or practising) register and a non-revalidation register. The revalidation process involves annual appraisal and five-yearly revalidation review. There is no defined CPD requirement, but the annual appraisal will cover aspects of good medical practice, which encompass CPD.

The Nursing and Midwifery Council† has a three-yearly revalidation scheme, with all members having to undertake 750 hours of practice over five years as well as 35 hours of CPD over three years.

The General Dental Council‡ will require dentists to undertake 250 hours of CPD over five years. No decision has yet been taken on a move to revalidation. The GDC is likely to continue with a single register but has not ruled out splitting the register in a manner similar to the GMC.

* Details can be found at www.revalidationuk.info

† Details can be found at www.nmc-uk.org/cms/content/Advice/The%20PREP%20requirements.asp

‡ Details can be found at www.gdc-uk.org/lifelong/LifeLongLearning.htm

Next week's survey will seek members' views on which of these groups should be subject to mandatory CPD.

Presumably no-one would argue with the suggestion that mandatory CPD should apply to pharmacists in patient care practice (Group 1). But the situation for industrial and academic pharmacists and others (Group 2) may be less clear-cut and more controversial. Under the current proposals, pharmacists in such sectors of practice would, in the vast majority of cases, have to be in the active rather than the inactive class, even if they had no intention of carrying out patient-care work. The reasoning is that, although they may not need to be pharmacists for their employment, in most cases their job will overlap with the science and practice of pharmacy and they would be recognised by colleagues and others as pharmacists. In the public interest, they should therefore be included in the active class and be subject to mandatory CPD.

The committee proposes that retired pharmacists and those whose current employment is nothing to do with pharmacy (Group 3) will have to carry out CPD, and be in the active class, if they want to keep the option of practising as a pharmacist, say for doing the occasional locum. Alternatively, they could choose to be inactive members.

The inactive class would allow retired pharmacists and

those on extended career breaks to retain membership without having to undertake CPD. It is worth repeating that arrangements would be put in place to allow those who choose to be in the inactive class to move to the active class, perhaps after undertaking some further training.

All pharmacists in the active class will have to submit CPD records to the Society on a regular basis. There is currently no plan to have an accompanying practice requirement, ie, pharmacists will not be required to have spent a defined number of days or hours in the past year(s) in patient care or other pharmacy work in order to remain in the active class.

One consequence of this is that a pharmacist in the active class who is not in routine patient care practice would not be barred by the CPD regulations from doing a locum or from moving directly from, say, industrial employment to a job in community pharmacy. Is this a problem, given that CPD is intended to help reassure the public about the capabilities of a practising pharmacist? The CPD implementation committee believes it is not, because although the pharmacist would not be breaching the legal requirements, they would be contravening the Code of Ethics by undertaking a role for which they were not properly prepared.

One way of addressing this issue might be to divide the register into sector-specific sub-registers. However, it is clear to the CPD implementation committee that the Council wishes to keep the broad mix of pharmacists together on a single active register. There is also no immediate plan to annotate the register with branch of practice. The only annotation currently envisaged is for the special case of pharmacists who gain prescribing rights.

Another point to consider is whether it is in the public interest for a person not undertaking CPD to call themselves a pharmacist. Is there a more appropriate term for those in the inactive class? Suggestions have included "associate", "emeritus", "inactive", "non-practising" or "retired" pharmacist.

You will be able to make your suggestions on next week's survey form.

Individuals in the inactive class will remain members of the Society. As well as being subject to the Code of Ethics procedures, they could still receive *The Journal*, have voting rights in Council elections, be involved as branch members, etc.

A pharmacist in the active class who does not produce a CPD return would either be moved to the inactive class or, in certain circumstances, removed from the

register altogether. This would be an administrative, rather than a disciplinary, process. A pharmacist whose CPD return was unsatisfactory would be offered help and extra time to put things right.

Revalidation

Some pharmacists might view the current proposals as a system of revalidation, since a pharmacist would be required to complete satisfactory CPD to retain the right to practise. However, revalidation is more than mandatory CPD. In the same way that continuing education is part of CPD, so CPD can be part of a wider revalidation system. For the moment, the Society is not proposing a system of revalidation for pharmacists.

Revalidation systems, such as those being developed by other health care professions, can include some form of practice requirement, performance appraisal and/or practice audit and this is not part of the current pharmacy proposals. Revalidation might be required of the profession at some point in the future but the Council's view is that it is sufficient, certainly for now, to concentrate on CPD.

What type of CPD?

Another major issue on which the profession is to be consulted is what type of CPD should be required.

The proposal is that at least some of the CPD records submitted will have to relate to pharmacy. This seems logical if the active class is of persons allowed to hold themselves out to be pharmacists. However, there is a problem in that such CPD records might be of learning or development which has little or nothing to do with a person's pharmaceutical job or even with his or her sector of practice, eg, if a production pharmacist's records were wholly about therapeutics. Equally problematic is that CPD records might not relate to the breadth of a pharmacist's job where its pharmacy component is relatively small. For example, a senior pharmacist might be more concerned with general management than pharmacy-specific issues.

For these reasons the Society might regard it as essential that records of CPD relate to pharmacy in general and also to the person's sector of practice and his or her job. An alternative is that the Society regards this mix as good practice rather than a requirement. Views on this set of

issues will be sought in the survey.

Prescribing pharmacists are a special case: within their CPD records they could be required to show evidence of role-specific CPD, relating to prescribing in generic terms as well as to the therapeutic area(s) in which they exercise their prescribing rights.

What happens next?

A survey form seeking members' views about mandatory CPD for pharmacists will be distributed next week with *The Journal* to all members with a registered address in Britain, with responses requested by 17 March. Overseas members may download the survey form from the Society's website at www.rpsgb.org.uk/education. The Council will consider the responses before drawing up its final proposals for submission to the Department of Health, probably in April.

The Department of Health will have its own view, informed particularly by Government policy, and it will adopt, adapt or proceed independently of the Society's proposals, itself consulting for a minimum of 13 weeks on the content of a draft pharmacy Order under Section 60 of the Health Act. Because of the time required for drafting, the legislation is not expected to come into being before late 2004, with implementation to follow.

CPD will offer the public reassurances about the capabilities of those who hold themselves out to be pharmacists. It is perhaps the biggest change in the profession to affect members in many years. A voluntary scheme has already been rolled out to 5,000 pharmacists and is being rolled out to a further 10,000 this year. This consultation is an opportunity for you to express your views about mandatory CPD. We have published this article a week before sending out the survey form in order to give you time to think through your views about the CPD implementation committee's proposals. Please keep this article to hand for reference when completing the survey.

This article was written on behalf of the CPD implementation committee by Joanna Lumb



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