

Continuing professional development for employee pharmacists: a survey to compare practice in the hospital and community sectors

By Dawn Swainson and Jonathan Silcock

Abstract

Aim

To provide managers with better information about current CPD practice and employees' views about the help that they will need in the future.

Design

Survey by written questionnaire. Distributed and returned by internal mail or e-mail.

Subjects and setting

109 hospital pharmacists working for Leeds Teaching Hospitals NHS Trust. 110 community pharmacists working in the Leeds/Bradford area for Boots The Chemists.

Results

The response rate was 40%. Understanding of CPD is focused more on action than other elements of the cycle, and current activities are quite varied. As compulsory CPD approaches, documentation and time pressures present the greatest concerns. Support is found for the positive impact of compulsory CPD on personal and professional development. Hospital pharmacists seem to have broader CPD opportunities in their normal work. Although respondents want practical help from managers, there is less support for active managerial monitoring of CPD.

Conclusions

Employees should seek more CPD opportunities in everyday practice. CPD facilitators should encourage better planning and reflection. Learning providers should focus less on directed learning. Managers may have to strike a difficult balance between their obligations to support CPD and employees' expectations. Regulators should keep paperwork to the minimum required.

Continuing professional development (CPD) can be defined as "the process through which pharmacists continuously enhance their knowledge, skills and personal qualities throughout their professional careers."¹ Keeping up to date has always been a key responsibility for pharmacists as recognised in the Royal Pharmaceutical Society's Code of Ethics.² However, soon CPD will not only be a professional obligation, but also a condition "for the periodic renewal of practising rights" as a pharmacist.³

The Kennedy Report into children's heart surgery at Bristol Royal Infirmary has greatly influenced the move towards compulsory CPD. The report stated that patients are "entitled to be cared for by health professionals with relevant and up-to-date skills and expertise" and "that CPD should be compulsory for all health care professionals".⁴ The need for pharmacists to participate in CPD was reiterated by the Government in "Pharmacy in the future — implementing the NHS plan".⁵ The profession has also realised that life-long learning and CPD are needed to demonstrate to the public, government and other health care professions that it can move with the times and take on extended roles.⁶ Hence, in May 2001, the Society published its proposal for mandatory CPD.⁶ However, the legislation necessary to enable change is not expected before 2004, with implementation to follow. In the meantime, the Society has a comprehensive CPD scheme, which is now being rolled out on a voluntary basis.⁷ Reports suggest that the roll out is being well received.⁸

The proposed CPD framework is based on a four stage cycle: identifying training needs ("reflection"), deciding how to meet these training needs ("planning"), taking part in training activities ("action") and evaluating performance ("evaluation"). Pharmacists will be required to document their learning in a systematic way and to submit CPD records for review by the Society, probably every three to five years.⁷

The Society believes that CPD should be driven by the individual, there will be no CPD syllabus and it will be up to practitioners to decide what their needs are and how to meet them.⁹ The Department of Health has stated that "CPD should be a partnership between the individual and the organisation" and stresses the importance of delivering high

quality NHS services.¹⁰ This difference in emphasis has led to some confusion about how managers should support the CPD of employee pharmacists. There is potential for both conflict and synergy between the needs of health care organisations, individual learning needs and professional development.

The aim of this survey was to provide managers with better information about current CPD practice and employees' views about the help that they will need in the future. The following objectives were set, with the intention of comparing community and hospital practice:

- To determine pharmacists' understanding of what CPD is
- To identify pharmacists' concerns about the introduction of compulsory CPD
- To identify the perceived benefits of compulsory CPD
- To explore pharmacists' opinions about the importance of compulsory CPD with respect to the profession, the organisation and personal development
- To determine pharmacists' current CPD practice
- To explore pharmacists' opinions about the role of management and the introduction of compulsory CPD

Method

Two versions of a questionnaire were developed, but only slight differences in wording were needed to make it acceptable and understandable in both community and hospital sectors. The questionnaire was divided into four sections. In the first section pharmacists were asked for their year of registration. The second section concerned pharmacists' understanding and views of compulsory CPD, specifically they were asked to:

- Briefly define CPD (The free text answers were examined for references to each of the four CPD stages: reflection, planning, action and evaluation.)
- State the main ways in which compulsory CPD would affect their working life (The free text answers were examined and common themes identified.)
- State the benefits of the CPD and any concerns about it becoming compulsory (The free text answers were examined and common themes identified.)

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- Indicate level of agreement, on a Likert scale, with four statements about the importance of CPD

In the third section pharmacists were asked to list all CPD activities that they had participated in during the previous month. Although CPD should be considered a process rather than an activity, activities and hours completed have been the focus of pharmacists' efforts in recent years. Pharmacists were also asked to indicate the total number of hours of CPD completed in the previous year and state their preferred method of learning.

In the fourth section, pharmacists were asked to indicate their level of agreement, on a Likert scale, with these two statements:

- Pharmacy management should facilitate compulsory CPD
- Line managers have a responsibility to monitor CPD

Those that strongly agreed or agreed were asked to give brief details of help and monitoring that they favoured. Finally, pharmacists were asked:

- If they had ever written or agreed a personal development plan (PDP) with their line manager and whether they thought CPD should be incorporated into their PDP
- If they had ever had a formal performance review with their line manager and whether they thought compulsory CPD should be monitored in reviews

The hospital questionnaire was e-mailed as an attachment to 109 pharmacists working in the Leeds Teaching Hospitals NHS Trust (LTH), which incorporates two large and three small hospitals. The returned questionnaires were treated as confidential and either e-mailed back to a secretary (for printing before anonymous analysis), or printed by the respondent (for anonymous return by internal mail). The community questionnaire was sent via internal mail to all relief pharmacists and stores in Boots The Chemists Leeds/Bradford area, approximately 110 pharmacists. These questionnaires were returned anonymously to a central store and collected from there for analysis.

Hospital questionnaires were sent out in October 2002 and the final date for return was the end of November 2002. Community questionnaires were distributed and returned during the first quarter of 2003. All answers to returned questionnaires were recorded and analysed in a qualitative and quantitative manner. Qualitatively free text answers were examined for common themes. Quantitative methods used were chi-squared tests for differences in proportions and the *t*-test for differences in mean of unrelated samples.

In line with criteria operating at the time of the study, local ethical committee approval was not sought. In the case of the hospital

Table 1: Awareness of the CPD cycle (hospital, n=44; community, n=44)

Sector	Number (%) of respondents who mentioned particular stages of the CPD cycle			
	Reflection	Planning	Action	Evaluation
Hospital	13 (30)	7 (16)	42 (95)	8 (18)
Community	22 (50)	7 (16)	41 (93)	18 (41)

pharmacists, information was required by the department for service development and planning. Boots The Chemists managers also agreed that the survey would be useful for their planning, and community employees did not come under the aegis of NHS research ethics. Participation was in any case voluntary and responses were anonymous. Questions related only to accepted and proposed good professional practice.

Results

Questionnaires were returned by 44 hospital (40 per cent) and 44 community pharmacists (40 per cent). This low response rate means that the results should be interpreted with caution. Community respondents tended to be more experienced (58 per cent registered before 1991) than hospital respondents (70 per cent registered after 1990).

Views about compulsory CPD

Pharmacists understanding of what CPD is When asked to define CPD, hospital and community respondents referred to the different stages of the cycle in similar proportions (Table 1, $\chi^2=4.18$, *P*-value 0.24). Responses tended to focus on action rather than other stages and definitions that involved some aspect of planning were least common.

What activities are considered to be CPD?

When asked what activities they considered to be CPD, a wide variety of responses were observed, including private study, external training, writing papers and meetings. Notable differences include fewer community respondents mentioning in-house training and only hospital respondents mentioning teaching. Although asked to list activities, two responses were more holistic: "anything that allows you to do your job better" and "any new challenge, research, competency."

Compulsory CPD and the working life Six themes emerged when analysing the expected influence of CPD on respondents working lives (Table 2). Themes common to both sectors are more structured learning, the need to document activities and the time required to meet new requirements. Only community respondents mentioned better job satisfaction. There are other differences in the themes identified in each sector ($\chi^2=10.97$, *P*-value 0.03), which seem to be patient care (mentioned more in community) and no impact (mentioned more in hospital).

The benefits of compulsory CPD Five themes emerged when analysing responses about the

Table 2: CPD — influence on working life, benefits and concerns

Themes discussed by respondents	Number (%)	
	Hospital	Community
<i>Influence on working life:</i>		
Documentation	20 (46)	17 (39)
Time	16 (36)	17 (39)
Structured learning	15 (34)	15 (34)
Patient care	3 (7)	13 (30)
Job satisfaction	-	6 (14)
No impact	9 (21)	2 (5)
<i>Benefits of CPD:</i>		
Personal development	9 (20)	11 (25)
Improved knowledge	-	19 (43)
Skills or competence	16 (36)	12 (27)
Public/self confidence	5 (11)	12 (27)
Outcome for patient	19 (43)	10 (23)
<i>Concerns about CPD:</i>		
None	6 (14)	5 (11)
Necessity for CPD	9 (20)	3 (7)
Paperwork	9 (20)	15 (34)
Time	33 (75)	24 (55)
Support	4 (9)	4 (9)
Assessment	-	9 (20)

potential benefits of compulsory CPD (Table 2). Only community respondents mentioned improving knowledge. Excluding knowledge, the apparent differences between hospital and community are not statistically significant ($\chi^2=6.29$, *P*-value 0.1). The common themes are personal development, improved competence, greater public and self-confidence and better outcomes for patients.

Concerns about CPD becoming compulsory

Respondents concerns about compulsory CPD covered six themes (Table 2). Only community pharmacists raised concerns about procedures for assessing and monitoring CPD. The most common concerns about paperwork and time mirror responses about the impact of CPD on working lives. Excluding assessment, the proportions of hospital and community pharmacists mentioning other concerns are similar ($\chi^2=5.16$, *P*-value 0.27). Some still have concerns about the fundamental concept of and need for CPD, reflected in a comment that it would "just be a form filling in exercise". Others have more practical concerns about the support and funding that will available to them.

The importance of CPD Hospital and community respondents views on the importance of CPD were similar (Table 3, $\chi^2<4.5$, *P*-values >0.2). The strongest agreement concerns

the importance of CPD to the pharmacy profession. The importance of CPD for personal development is also strongly supported. The weakest agreement concerns the importance of CPD for career progression.

Current practice For community respondents, CPD hours reported in the past month ranged from 0 to 30, with a mean of 6.9 and a median of 5. For hospital respondents CPD hours reported in the past month ranged from 0 to 62.5, with a mean of 14.5 and a median of 12.75. An independent samples *t*-test showed the difference in means to be significant (*t*-statistic 3.4, *P*-value<0.01). However, if five hospital pharmacists who each reported more than 30 hours of CPD in a single month are excluded, then the remaining hospital pharmacists reported a mean of 10.9 hours of CPD. This may be a better reflection of normal activity in the hospital sector, but is still significantly higher than the community mean (*t*-statistic 2.4, *P*-value=0.02).

A breakdown of this activity shows that only hospital pharmacists mention teaching. Excluding teaching, the proportion of respondents reporting activities is significantly different ($\chi^2=18.5$, *P*-value<0.01). The largest differences are: a greater proportion of hospital respondents reporting practice-based CPD and in-house training; and a greater proportion of community respondents reporting external training. Practice-based activities include CPD prompted by clinical queries or done as part of normal working, eg, audit and preparing submissions for the drug and therapeutics committee. External training is typically Centre for Pharmacy Postgraduate Education workshops or work associated with post-graduate diplomas. Reading includes internet-based literature searching.

In the previous year, 50 per cent of hospital respondents report completing more than 50 hours of CPD activity. The activity of the remaining hospital respondents is similar to their colleagues in community. Preferred methods of learning were similar for hospital and community respondents ($\chi^2=4.37$, *P*-value 0.22). Workshops were most favoured in both sectors, but few community respondents expressed a preference for small group discussions.

The role of pharmacy management Should pharmacy management facilitate or monitor CPD? Hospital and community respondents agreed in similar proportions that managers should facilitate CPD (Table 4, $\chi^2=5.42$, *P*-value 0.14). Views about line managers' responsibility to monitor CPD were different (Table 4, $\chi^2=10.77$, *P*-value 0.03), with community pharmacists seeming to be more ambivalent. Overall, support for a monitoring role is at best mixed.

Among those in favour of management CPD facilitation, by far the most common request was for protected time to complete CPD and relevant documentation. Smaller

Table 3: The perceived importance of compulsory CPD

Statement	Sector	Number (%) of respondents				
		Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Compulsory CPD is important to the future of the pharmacy profession	Hospital	16 (37)	24 (56)	3 (7)	-	-
	Community	16 (36)	25 (57)	1 (2)	2 (5)	-
Compulsory CPD is important for my personal development	Hospital	14 (33)	19 (44)	4 (9)	6 (14)	-
	Community	10 (23)	25 (57)	4 (9)	3 (7)	2 (5)
Compulsory CPD is important for my career progression	Hospital	9 (21)	16 (37)	9 (21)	9 (21)	-
	Community	3 (7)	15 (34)	13 (30)	12 (27)	1 (2)
Compulsory CPD is needed for our department/business to meet its objectives	Hospital	9 (21)	13 (31)	16 (38)	4 (10)	-
	Community	7 (16)	21 (48)	12 (27)	4 (9)	-

Table 4: The role of management in CPD facilitation and monitoring

Statement	Sector	Number (%) of respondents				
		Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Management should facilitate compulsory CPD	Hospital	22 (49)	18 (41)	2 (5)	2 (5)	-
	Community	15 (34)	17 (39)	7 (16)	5 (11)	-
Line managers have a responsibility to monitor CPD	Hospital	5 (11)	18 (41)	8 (18)	11 (25)	2 (5)
	Community	-	14 (33)	17 (40)	12 (28)	-

numbers would like managers to arrange CPD activities, funding or access to activities. One-to-one guidance was the least requested form of support.

Among those in favour of managers monitoring CPD, views of hospital and community respondents differed. Only hospital respondents requested meetings with or briefings from managers. Community respondents seem to have a stronger preference for more informal monitoring, rather than integration with formal review procedures. Some respondents who disagreed with the statement also gave further comment, an example being "it is the pharmacists' responsibility to manage CPD".

Experience of personal development planning and performance review A greater proportion of community respondents had previously written and agreed PDPs with their line managers (Table 5, $\chi^2=6.19$, *P*-value 0.01). The same proportion of hospital and community respondents reported having a previous formal performance review. Almost the same high proportion of hospital and community respondents thought compulsory CPD should be incorporated into PDPs. Support for the use of CPD in performance review was similarly high in both groups (Table 5, $\chi^2=0.21$, *P*-value 0.64). However, a third of both hospital and community re-

Table 5: Experience of personal development planning and performance review

Question	Sector	Number (%) of respondents	
		Yes	No
Have you ever written and agreed a personal development plan (PDP) with your line manager?	Hospital	24 (56)	19 (44)
	Community	34 (81)	8 (19)
Do you think compulsory CPD should be incorporated into your PDP?	Hospital	31 (72)	12 (28)
	Community	30 (71)	12 (29)
Have you ever had a formal performance review with your line manager?	Hospital	24 (56)	19 (44)
	Community	24 (56)	19 (44)
Do you think compulsory CPD should be monitored as part of your performance review?	Hospital	30 (70)	13 (30)
	Community	26 (65)	14 (35)

spondents see no role of CPD in PDPs or performance review, this preference was generally independent of prior experience of PDPs and performance review.

Discussion

The survey represents a first attempt to investigate and compare the preferences of employee pharmacists in different sectors. The response rate achieved was as expected for an unsolicited questionnaire, the survey was anonymous so the characteristics of non-responders is unknown. The conventional value for statistical significance ($P\leq 0.05$) was used in the analysis, but given the response rate a higher burden of proof ($P\leq 0.01$) may be preferred. Community respondents had generally been on the register longer than

hospital respondents and this is a potential confounding factor. The number of questionnaires returned does not permit meaningful comparative analysis by year of registration.

Overall the respondents' definitions of CPD predominately focused on the action stage of the CPD cycle. This is consistent with previous studies that found pharmacists tend to perceive CPD as an action.^{10,11} Respondents had a good understanding of what the action stage involves, since the activities considered to be CPD were varied. More traditional learning methods (for example, formal teaching and private study) were discussed alongside broader activities such as audit reports, shadowing and reflection. Weak awareness of the planning stage represents an opportunity for CPD facilitators. The Society has highlighted that CPD will be assessed predominately by checking that the process has been addressed correctly rather than checking the content of the learning.⁸

Awareness of different activities that might constitute CPD seems to reflect the opportunities available in the different sectors, this is also apparent in the actual activities reported. For example, teaching is a common responsibility for hospital pharmacists working as specialists in a large regional centre. Additionally, the hospital has a monthly programme of in-house education and training workshops. Attendance at local Society branch meetings is mixed, but CPPE workshops are mainly attended by community pharmacists.

Many opinions about the influence of CPD and concerns about its implementation are shared across the sectors. However, there are indications that the community pharmacists believe CPD will have a larger impact on their knowledge base and ability to deliver better patient outcomes. However, a clinical diploma will have been completed by almost all the (younger) hospital pharmacists or form part of their current training. It is only relatively recently that postgraduate diplomas (which represent a good opportunity to expand your clinical knowledge base) have become popular in community practice.

Hospital pharmacists may have more confidence in their current ability to achieve good clinical outcomes, but they could be underestimating the impact of further structured learning on practice. Regardless of which, both sectors see CPD as more important to the profession than to individuals. A view that is also apparent in comments about CPD as a "form filling exercise" and among those that believe CPD will have no impact on practice or is conceptually flawed. It is worth noting that the CPD cycle promoted by the Society is rather weak on true reflection before, during and after practice, ie, problem identification or service evaluation that is characterised by meditation, contemplation and greater self-awareness.

Hospital respondents as a group report spending more time than their community colleagues on CPD as currently defined, understood and practised. Hospital practice is generally more varied than community prac-

tice and provides more obvious daily opportunities for knowledge enhancement or service development. For example, it is common to combine ward pharmacy with guideline writing and performance of audit. However, a number of community pharmacists reported that a patient query prompted CPD activity and it may be that others under recognise or under report the development opportunities that present themselves. A relatively small proportion of hospital pharmacists reported extraordinary amounts of CPD, which might merit further investigation.

The Society suggests that most pharmacists already carry out CPD but do not record it,⁷ and this survey supports that view. Respondents' concerns about documentation may be unwarranted as the Society scheme does not yet define a minimum quantity of CPD that has to be recorded.⁷ Estimates suggest it will take about 30 minutes to complete one record of CPD. In practice, recent pilots have found pharmacists completed, on average, one record per month with each one taking about half an hour to write up after the CPD is complete, with the time needed for recording decreasing as participants got used to the system.^{12,13}

Much of the CPD reported was directed learning, which was the preferred method of learning for most respondents. This corresponds with a previous study, which showed that pharmacists undertook more directed learning than non-directed learning.¹⁰ The quality of the CPD must, however, be questioned given that the majority of respondents focused on CPD being an action and not a cycle. Those who provide the directed learning need to rethink the way they present their information to encourage participation in all four stages of the CPD learning cycle.

The need for allocated time, provision of activities and funding (in addition to guidance and support) was highlighted in both sectors.

The Kennedy Report states that "within the NHS, CPD must be underpinned by a commitment to make available the necessary resources in terms of time, funding and assistance with career development. The contract between the trust and the health care professional should provide for the funding of CPD and should stipulate the time, which the trust will make available. The incentives, in other words, must be in place."⁴

Apart from a general request for more time to undertake and document CPD, respondents had mixed views about managers' roles in the new arrangements. The Society currently recommends that it is up to an individual whether CPD is done by their own efforts or as an outcome of performance review or appraisal by a manager.² The Government stresses that the organisation should be fully involved with CPD and that management has a role to monitor CPD.

Overall the responsibilities of community employers appear less clear cut than in hospital. Clearly it is in an enlightened employer's best interest to support CPD in whatever way

they can. A cheaper option might be to state that CPD is a purely individual responsibility and prerequisite of continued employment in much the same way that Society registration is now. The Government needs to find effective ways to support CPD, either via community pharmacy contracts or by continued provision of activities targeted at individuals.

More work is required to understand views about CPD and the acceptance of managerial roles. Managers' opinions about their potential contribution to CPD facilitation and monitoring also need to be investigated. The challenge is to facilitate CPD in ways that are highly relevant to personal circumstances and help to meet local health needs.

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