

Can CPD guarantee fitness to practise?

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A number of official investigations and policy initiatives have paved the way for mandatory continuing professional development for all health professionals, and it is commonly equated with fitness to practise. However, in 2004 the Royal Pharmaceutical Society indicated in recommendation 3 of its 2004 report "Making pharmacy education fit for the future" that there is a need for research to confirm the relationship between CPD participation and continued fitness to practise. Pharmacists have often debated this very issue, and it seems that this research is still lacking so we decided to explore here the alleged links between CPD completion and professional competence.

Fundamental questions

Let us start with a few fundamental questions. What exactly is CPD? What form can it take? What can be legitimately labelled "professional development"? We contend that almost any learning can be regarded as contributing to the continuing development of professionals, regardless of the learner's intentions, because one might acquire new skills or insights from any situation. The motivations for learning can be manifold. Some learning might be "recreational", that is, in an area not directly related to the sphere of employment. Alternatively one might engage in learning with the idea that it will improve opportunities for occupational mobility, be that sideways or upwards. Thirdly, individuals often undertake learning activities to remain up to date within their own areas of expertise.

Importantly all these types of learning have the potential to improve an individual's capacity to work as a professional. Consequently, CPD can be broadly labelled as any learning that has the potential to have a beneficial effect on one's working life.

How does this view of CPD compare with the way professional bodies define CPD? A recent review of professional CPD mechanisms, conducted at the University of Central Lancashire, reveals that most bodies now require their registrants to undertake CPD. The Royal Institute of British Architects initiated the trend for mandatory CPD back in 1978, declaring that professionals were obliged to complete CPD to ensure they maintain competence to practise. It equated CPD with consumer protection, and hundreds of professional bodies followed its example. In 2002, the recently defunct Department of Trade and Industry inextricably linked CPD to competence when it referred to CPD as "the holistic commitment to structured skills enhancement and personal or professional competence". In the same year the International Pharmaceutical Federation (FIP) defined CPD as "the re-

sponsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers". So according to FIP, ensuring competence is at the heart of CPD. That is, to maintain fitness to practise, CPD must be regularly completed by every pharmacist.

Flawed argument

The flaw in this argument, as any professional can testify, is that many competent individuals do not follow formalised CPD mechanisms. Conversely, there is no guarantee that an individual who assiduously complies with CPD requirements is fit to practise. Moreover, the Health Professions Council goes a step further by explicitly admitting that there can be no automatic link between CPD and fitness to practise. Despite this, the HPC still defines CPD as learning activities which ensure health professionals "retain their capacity to practise safely, effectively and legally". These inconsistent messages only serve to undermine the importance of CPD with those mandated to complete it.

How could CPD provide more evidence of professional competence? One way would be to mandate areas which relate to safe practice. For example, the General Dental Council stipulates that registered dentists update their knowledge on the core subjects of medical emergencies, disinfection and contamination, and radiography and radiation protection, as well as recommending that legal and ethical issues and complaints handling are core CPD topics. All of these areas work towards, if not exactly ensure, fitness to practise. Many professional bodies also mandate on the type and quality of CPD activities, specifying, for example, that a certain proportion must be derived from approved training courses. The content of such courses can be assured and might support the participants' professional competence. This raises a question: could a fitness-to-practise CPD curriculum be applied to pharmacy? And, if it could, is this desirable? Surely the diversity of the pharmacist's role means that core compulsory training courses, no matter how they are accredited, cannot address the needs of the individual, only the perceived needs of the whole community. Consequently, we arrive at the current position, which requires individual pharmacists to drive their own CPD, using so called "reflective learning practices".

Sound learning device

Educationally, this is a sound learning device which allows the professional to address competence issues which they have themselves identified as pertinent. However, in practice, it

has often been misinterpreted and has not been applied as intended. The published evidence suggests that a proportion of pharmacists are perplexed by the process and this can on occasions stall their attempts to initiate CPD activities. The professions have tried a number of approaches to demystify CPD. Nothing illustrates this better than the literature aimed at providing opportunities for CPD.

Some professions have whole journals devoted to CPD, for example, dentists have *Team in Practice*, which presents case studies and discusses how they could have been dealt with. *The Pharmaceutical Journal* carries a CPD series that allows pharmacists to identify and rectify gaps in their knowledge. Reflection is certainly built into these items. But can working through the articles take the place of true reflection, or does it merely pay lip service to the learning cycle model? There is no guarantee that any article or training event available to an individual would address that individual's professional competence. What they do provide is opportunity for lifelong learning, which the Royal Pharmaceutical Society defines as "the continuous development of skills, knowledge and understanding that are essential for employability".

Interestingly, the General Medical Council, neither explicitly equates CPD with fitness to practice, nor mandates core subjects in doctors' continued learning curricula. Instead, the approach taken is more akin to that of being a lifelong learner. Perhaps, rather than mandate core subjects, it is time for the pharmacy profession to follow the GMC's lead and step back from linking CPD to the concept of "fitness to practise".

Challenging the link

To conclude, we have aimed to set CPD for pharmacists within the broader CPD context. We have challenged the link between CPD and fitness to practise and argued that the definition of CPD should be broadened. However we acknowledge that regulating CPD is undoubtedly complex and is particularly fraught with difficulties when the profession being regulated is as multifaceted as pharmacy. Clearly, the introduction of CPD for pharmacists has been a positive step because it has emphasised the importance of lifelong learning. The critical issue is that, although an impeccable CPD record will not in itself ever prevent a fatal dispensing error or other professional lapses, as the Department of Health 2000 report "An organisation with a memory" and the Kennedy Report of the Bristol inquiry propose, being a determined lifelong learner — which includes embracing new initiatives and learning from mistakes — just might.