MicroSCOPe

Continuing Professional Development:
A Comprehensive Approach to Supporting Lifelong Learning

**SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS**

Introduction

Terms and Definitions

The Saskatchewan College of Pharmacy Professionals (SCPP) is updating its Competency Assurance Program (CAP) to better support pharmacy professionals in improving their practice. The process began in 2019 and included consultations with experts and input from a task force of Saskatchewan pharmacy professionals. It was determined that the revised program will focus on supporting Continuing Professional Development (CPD).
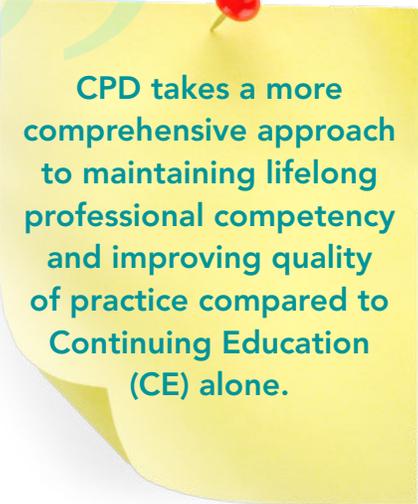
> **CPD takes a more comprehensive approach to maintaining lifelong professional competency and improving quality of practice compared to Continuing Education (CE) alone.**

Recently, the Competency Assurance Unit consulted with an advisory group of pharmacists and pharmacy technicians about setting annual program requirements. Recommendations will be presented to the SCPP Council in the summer of 2024.

Details of the revised program requirements will be shared once they are approved.

This MicroSCOPe is intended to provide additional information about CPD. CPD takes a more comprehensive approach to maintaining lifelong professional competency and improving quality of practice compared to Continuing

Education (CE) alone. By taking a flexible approach that centers pharmacy professionals as experts in their practice, the revised CAP will support professionals in ensuring that valuable time spent learning can lead to impactful practice improvement.

What is Continuing Education (CE)?

CE is the learning completed by pharmacy professionals to improve knowledge (Chan, 2002). Most pharmacy professionals are familiar with continuing education units (CEUs), which are awarded after the completion of learning activities. CEUs are based on time spent learning, usually with one hour of learning counting for one CEU.

Learning activities may be accredited or non-accredited. This can include formal courses, conferences, workshops, webinars, reading newsletters, and other activities.

CE also includes less formal self-directed learning, such as completing a literature search, finding and reading new clinical guidelines for a disease state, and more. CE could also include seeking out and having a focused, knowledge-based discussion with an expert or peer on a topic that will benefit practice.

For continuing education to be effective at improving the quality of pharmacy practice, professionals should plan to learn about topics which align with priorities for improvement and then apply the learning to practice. Evidence suggests that CE is often not effectively applied into practice (Wheeler & Chisholm-Burns, 2018). Addressing this limitation is the basis of Continuing Professional Development (CPD) as a more comprehensive process.

Continuing Education (CE):

Although CE is formally defined as structured, teacher-designed learning activities that are intended to increase the knowledge, skills and/or competence of pharmacy professionals, CE is more widely considered to be any learning activities that are undertaken by pharmacy professionals over the duration of their careers (Chan, 2002).

Continuing Education Units (CEU):

Are awarded after the completion of learning activities, including learning through formally accredited CE and non-accredited learning activities, and are based on the time spent learning.

Continuing Professional Development (CPD):

CPD is a self-directed ongoing, systematic process to maintain and enhance the quality of pharmacy professionals' practice in both their current and anticipated future professional responsibilities. A number of models of CPD are available with most including variations of five components: CPD is based on an assessment of needs and goals (ASSESS), generates a personal development plan (PLAN), leads to learning (LEARN), is implemented into practice (APPLY), and is evaluated for achievement of goals (EVALUATE).

What is Continuing Professional Development (CPD)?

Continuing Professional Development is a process that incorporates CE, while also supporting the purposeful selection of learning topics and application into everyday practice. CPD is evidence-based and recommended by the International Pharmaceutical Federation (FIP) (2002, 2014).

> The revised CAP intends to center pharmacy professionals as the experts in their practice, using CPD to balance guidance and flexibility for practice improvements that matter to professionals and patients.

CPD is a cyclical process that guides professionals through steps of purposefully assessing practice for improvement opportunities, planning what needs to be done to make the improvement, learning, applying changes into practice, and re-evaluating to determine next steps (International Pharmaceutical Federation, 2002, 2014).

While this initially may seem like added work, it is intended to make the best use of a pharmacy professional's time by ensuring that it is spent on activities that have the greatest impact on their patients, colleagues, the profession, and themselves. CPD provides a process to meet and maintain defined competencies in areas relevant to their professional responsibilities, i.e., NAPRA/SCPP Model Standards of Practice (Accreditation Council for Pharmacy Education, 2015).

SCPP recognizes that many pharmacy professionals are completing some or all steps of CPD informally and aims to support pharmacy professionals in completing the full CPD cycle.

The revised CAP intends to center pharmacy professionals as the experts in their practice, using CPD to balance guidance and flexibility for practice improvements that matter to professionals and patients.

SCPP's CPD Introduction Video summarizes the differences between CE and CPD and the benefits of the CPD model.

Breakdown of the SCPP's CPD Cycle

SCPP's Continuing Professional Development (CPD) cycle has five steps.

Assess:
Reflect on and assess practice to identify learning needs. Assessing practice needs (e.g., knowledge, workflow, communication, etc.) helps ensure that time invested will lead to real, meaningful improvement.

There are many ways to effectively assess practice and reflect on what is important to individual practice. The CAP intends to support assessment by providing guidance to pharmacy professionals to improve individual reflection (e.g., tools for reflecting on NAPRA Standards of Practice), as well as gather feedback from multiple perspectives on individual practice (such as from patients, peers, and colleagues in other professions).

Plan:
Improve organization and time-management by setting goals and planning how to achieve them.

Setting SMART goals helps keep improvement efforts focused. SCPP's CAP is supporting this step with the SMART Goal Guide. The guide helps encourage goals that are specific, measurable, attainable, relevant, and time bound. It is designed to give pharmacy professionals greater clarity on what they would like to achieve and what will support them in accomplishing it.

Learn:
Acquire new knowledge, skills, and/or abilities needed to address identified gap(s) in practice.

Learning can be done in a variety of ways. Accredited activities have been judged to meet standards of quality but may not always be tailored to meet an individual's specific goals.

Non-accredited sources may require more scrutiny but can be self-directed. Learning activities that are interactive, practice-based, and include problem-solving and feedback are often the most effective (Main & Anderson, 2023). Ultimately, in CPD, the specific circumstances and goals guide the type and amount of learning to be done.

> **SCPP's CPD tool is intended to be used for a variety of practice settings and learning types.**

Apply:
Apply knowledge gained to make real change in practice.

Principles of quality improvement can assist in making a meaningful difference.

Changes don't have to be large to be impactful, but the effect of changes should be understood.

SCPP's revised CAP intends to support application into practice with tools (e.g., CPD Tool) to help professionals determine what meaningful changes they can make in practice, as well as to track these changes so they can be evaluated, and barriers understood.

Evaluate:
Determine whether goals have been met, and reflect on successes, barriers, and next steps.

The final step of the CPD cycle may lead into future cycles by understanding what can be done differently in the future, and what improvements are still needed.

Success doesn't necessarily mean goals have been met, but often that something has been learned to improve the process for the next time.

CPD cycle diagram: 5 Evaluate, 1 Assess, 2 Plan, 3 Learn (including CE), 4 Apply
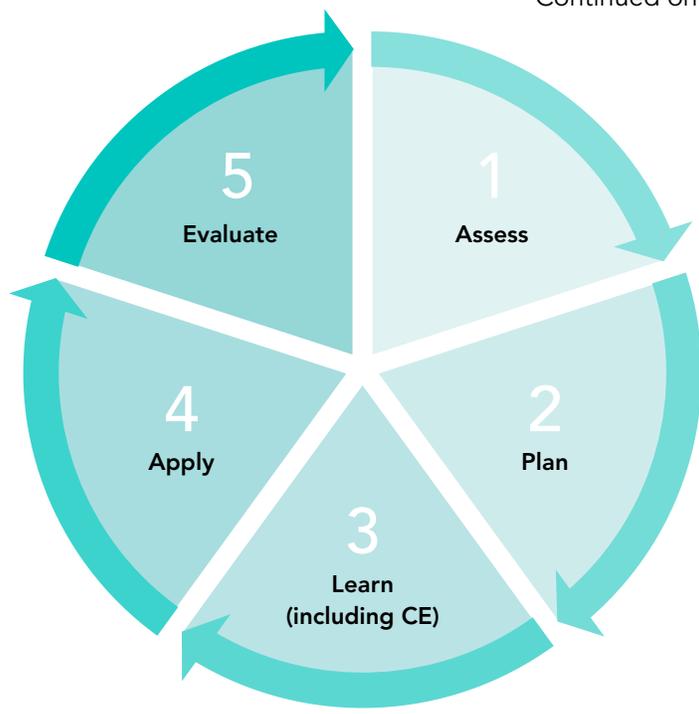
When all these steps are completed on a single topic, one CPD cycle is complete. The process is flexible, and the steps do not need to be completed in order. For example, professionals commonly select learning out of convenience, identifying and filling knowledge gaps that they were previously unaware of. This could lead to an assessment of practice, then to planning and applying this new information into practice and evaluating whether an improvement was made. In this case, all the steps are completed, even though learning was done first. The value of CPD being able to apply real change in practice is still apparent, regardless of the order the steps are completed in. There is evidence that with appropriate training, education, and support, pharmacy professionals can complete each step more confidently and the impact on quality care is increased (Dopp et al., 2010; International Pharmaceutical Federation, 2014). SCPP has developed a CPD Tool to guide pharmacy professionals in completing CPD. The tool outlines the five steps of the cycle that will help facilitate pharmacy professional's learning and guide them throughout the CPD process. SCPP's CPD Tool is intended to be used for a variety of practice settings and learning types.

SCPP has updated the Professional Practice tab on the website to answer questions, provide background, and support pharmacy professionals in the transition from a program that is Continuing Education (CE)-based to Continuing Professional Development (CPD)-based. Work is being completed with a Competency Assurance Program Requirements Advisory Group consisting of pharmacy professionals to determine the requirements of the new program. **Additional details of the revised program will follow.** ■

Provide your feedback

Your feedback and engagement are a priority of SCPP. You are welcome and encouraged to reach out to SCPP via the Competency Assurance Program Feedback Form.

CPD Cycle Examples

Pharmacy Professional Example: Equity, Diversity and Inclusion

The following examples highlight how pharmacy professionals in varied settings can complete all the steps of a CPD cycle on topics according to their needs and interests.

For full details and examples of documentation of the CPD cycles, click through to see the completed CPD tools on each page.

Assess:
A pharmacy technician noted that SCPP requires all practising members complete learning each year on cultural safety. They decided to work on creating an environment that supports cultural safety for staff and patients and their practice site.

Plan:
The technician set a goal to implement 3 small changes that would make members of each marginalized group feel more comfortable receiving care at their pharmacy within the next month. They noted that there are a variety of accredited and non-accredited resources available, and they can also ask their peers for resources they have used.

Learn:
They watched the film *Unforgotten* and completed the accompanying workbook, read resources from *Culturally Connected*, watched a presentation about health equity, and reviewed resources from the Canadian Pharmacists Association regarding engaging 2SLGBTQIA+ patients.
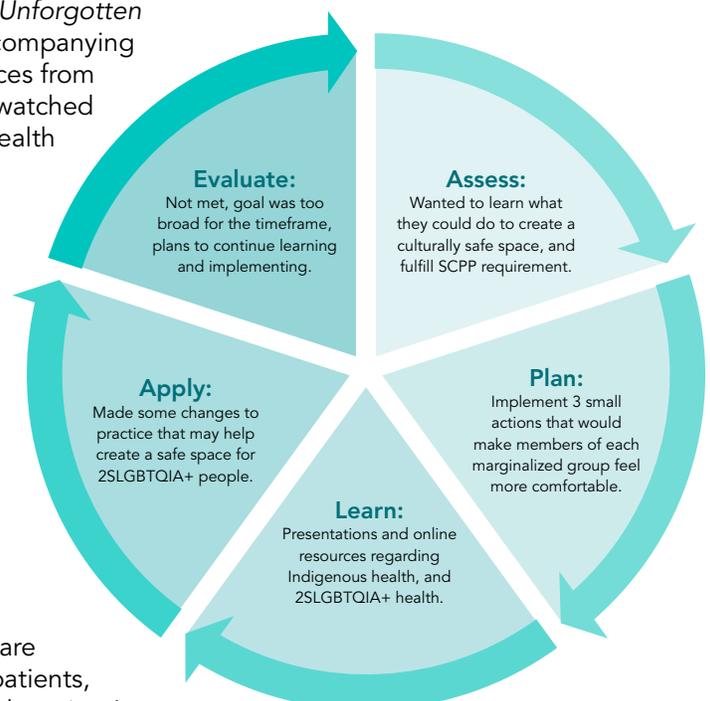
Apply:
The technician discussed some of what they had learned with their peers, put up signage to signal a safe space, decided to change how pronouns are documented for their patients, and made sure that each patient's chosen name would show on documentation.

Evaluate:
After a month, the technician noted that they were able to find actions that could make a meaningful difference for their 2SLGBTQIA+ patients but they weren't able to implement any actions that would increase equity for other groups.

They noted that the intended topic was likely too broad to address in one CPD cycle, as creating a culturally safe space for all marginalized groups is a larger task than 1 month of learning and action.They plan to continue learning and taking actions that make other groups feel more comfortable as well.

They documented the above on their CPD tool, available [here](#).

Evaluate: Not met, goal was too broad for the timeframe, plans to continue learning and implementing.

Assess: Wanted to learn what they could do to create a culturally safe space, and fulfill SCPP requirement.

Plan: Implement 3 small actions that would make members of each marginalized group feel more comfortable.

Learn: Presentations and online resources regarding Indigenous health, and 2SLGBTQIA+ health.

Apply: Made some changes to practice that may help create a safe space for 2SLGBTQIA+ people.

Community Pharmacist Example: Menopause

Learn/Assess:
A community pharmacist attended a webinar on menopause treatment because it was convenient. The next day, they were able to confidently make a recommendation for a patient based on this new information learned.

The pharmacist noted that they could improve their practice by asking more patients about menopause symptoms.

Plan:
The pharmacist set a SMART goal: "Over the next six weeks, I will identify 10 patients from my pharmacy data report who are between the age of 40-50 years who are experiencing perimenopause or menopause. I will use the MQ6 question tool to initiate a conversation with those interested in discussing their symptoms and make recommendations if needed."
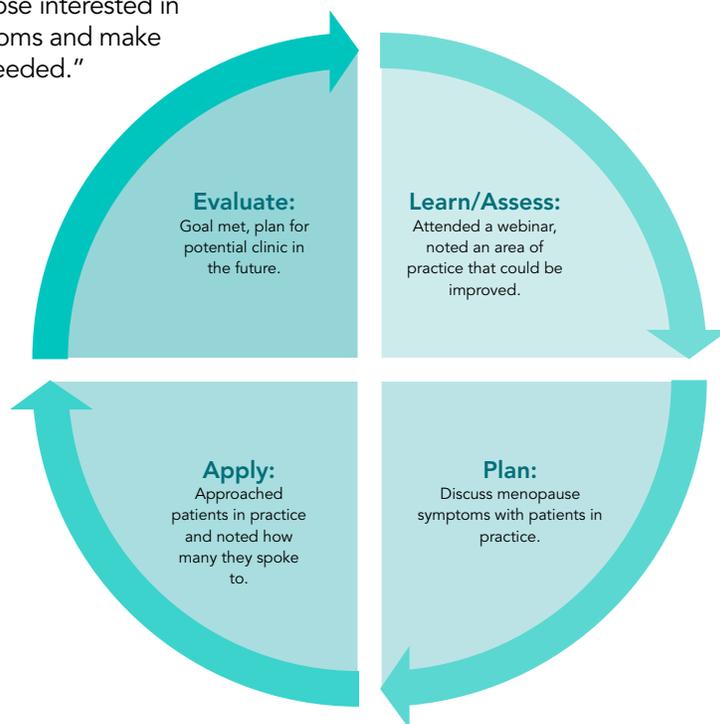
Apply:
Each week the pharmacist noted how many patients they had a conversation with about menopause symptoms, and if and how they were able to help each one.

Evaluate:
At the end of 6 weeks, the pharmacist achieved their goal, and had increased their confidence on the topic. They are considering running a menopause information clinic in the future, as they have found a lot of joy in being able to help these patients.

They documented the above on their CPD tool, available here.

Evaluate:
Goal met, plan for potential clinic in the future.

Learn/Assess:
Attended a webinar, noted an area of practice that could be improved.

Apply:
Approached patients in practice and noted how many they spoke to.

Plan:
Discuss menopause symptoms with patients in practice.

Hospital Pharmacist Example: Antibiotic Stewardship

Assess:
A hospital pharmacist recognized that they were not confident making recommendations to discontinue inappropriate antibiotics, limit the duration of antibiotic therapy, or change antibiotics from intravenous to oral when appropriate.

Plan:
The pharmacist set a goal to perform antimicrobial stewardship interventions (including discontinuing inappropriate antibiotics, shortening duration, stepping down from IV to PO, and/or narrowing spectrum of therapy) in 20 patients over the following 16 weeks. They noted that their peers will be a good support to them for finding resources and discussing the application in specific patients.

Learn:
The pharmacist attended a presentation regarding the updated antibiogram for their site and learned how to apply this local data along with published guidelines. They attended a workplace session over their lunch hour regarding shortening antibiotic durations and were able to meet with their antimicrobial stewardship pharmacist to discuss specific cases. They learned more about the antimicrobial stewardship pharmacist's process and benefitted from seeing their assessment of the individual cases.
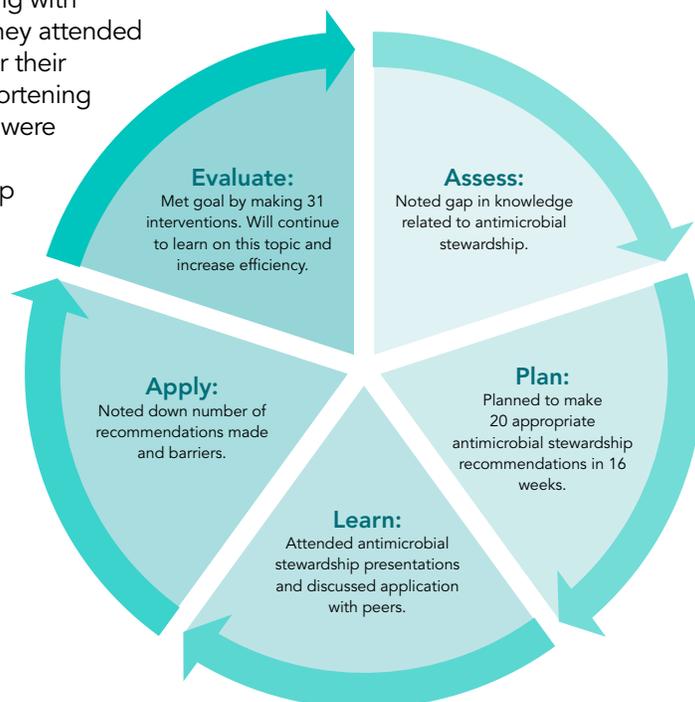
Apply:
In weeks 4-16 after setting their goal, the pharmacist identified patients who could benefit from antimicrobial stewardship interventions. They kept track of the number of patients for whom they made recommendations (whether approved or unapproved), as well as barriers encountered (e.g., efficiency).

Evaluate:
The pharmacist exceeded their goal by making antimicrobial stewardship recommendations on 31 patients over 16 weeks. They noted that their confidence in this area had increased significantly, and that they want to continue to expand their knowledge and clinical efficiency for these recommendations. They are also considering taking the SIDP Antimicrobial Stewardship Certificate Program in the future.

They documented the above on their CPD tool, available here.

Evaluate: Met goal by making 31 interventions. Will continue to learn on this topic and increase efficiency.

Assess: Noted gap in knowledge related to antimicrobial stewardship.

Plan: Planned to make 20 appropriate antimicrobial stewardship recommendations in 16 weeks.

Learn: Attended antimicrobial stewardship presentations and discussed application with peers.

Apply: Noted down number of recommendations made and barriers.

Pharmacy Technician Example: Blood Pressure Monitoring

Assess:

A community pharmacy technician was asked to help educate patients about how to monitor their blood pressure at an upcoming blood pressure clinic in their pharmacy. They noted that they needed to update their knowledge on this topic.

Plan:

The technician made the following SMART goal: "I will be able to confidently answer questions on how to properly measure blood pressure (BP) at home, recommend devices that are validated by Hypertension Canada, and advise on proper BP measurement techniques and the recommended frequency for taking BP measurements. I will achieve my goal by the start of the hypertension clinic, in 3 weeks."

Learn:

The technician completed three types of learning: a Tech-Talk course on hypertension management, reviewing Hypertension Canada webpages and handouts, and a course on automated blood pressure management from the Pan American Health Organization.
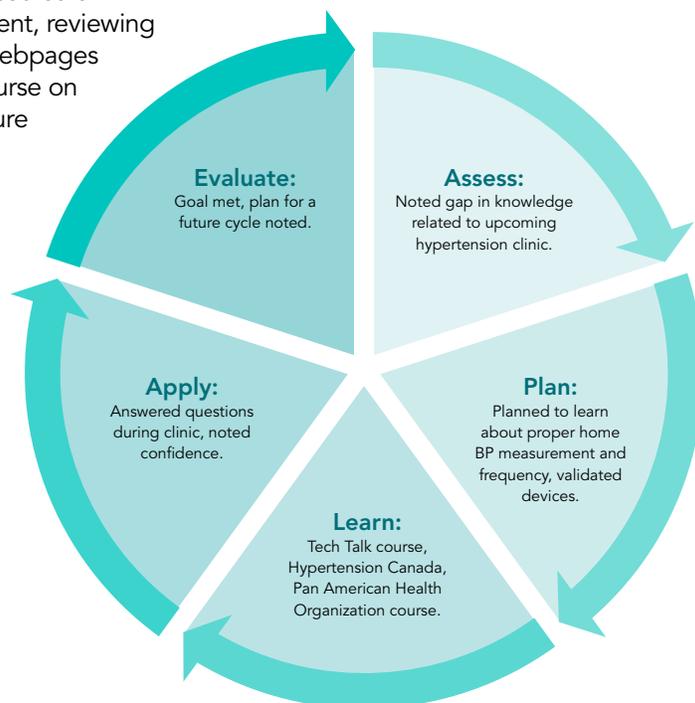
Apply:

The technician noted questions received from patients during the clinic, and their confidence in providing answers.

Evaluate:

After the clinic, the technician felt they had met their goal of being able to confidently answer questions from patients. They also found that they wanted to learn more about how to improve adherence as a pharmacy technician and noted this as a future topic.

They documented the above on their CPD tool, available here.

Evaluate:
Goal met, plan for a future cycle noted.

Assess:
Noted gap in knowledge related to upcoming hypertension clinic.

Apply:
Answered questions during clinic, noted confidence.

Plan:
Planned to learn about proper home BP measurement and frequency, validated devices.

Learn:
Tech Talk course, Hypertension Canada, Pan American Health Organization course.

Community Pharmacy Manager Example: Documentation

Assess:
A community pharmacy manager noted a follow-up item from a Quality Improvement Review (QIR) included documenting the relevant patient information for the pharmacist's assessment more thoroughly on the Pharmacist Assessment Record (PAR).

Plan:
The manager set a SMART goal to "create a pharmacy policy regarding documentation of pharmacist prescribing activities that will allow sufficient information to be documented for 90% of pharmacist prescribing activities within one month."

Learn:
The manager reviewed SCPP policies in detail, discussed documentation barriers with staff, and spoke to managers from other stores to discuss their strategies. Through these conversations they also decided to look further into the capabilities of their pharmacy software for documentation, and to complete a documentation course.
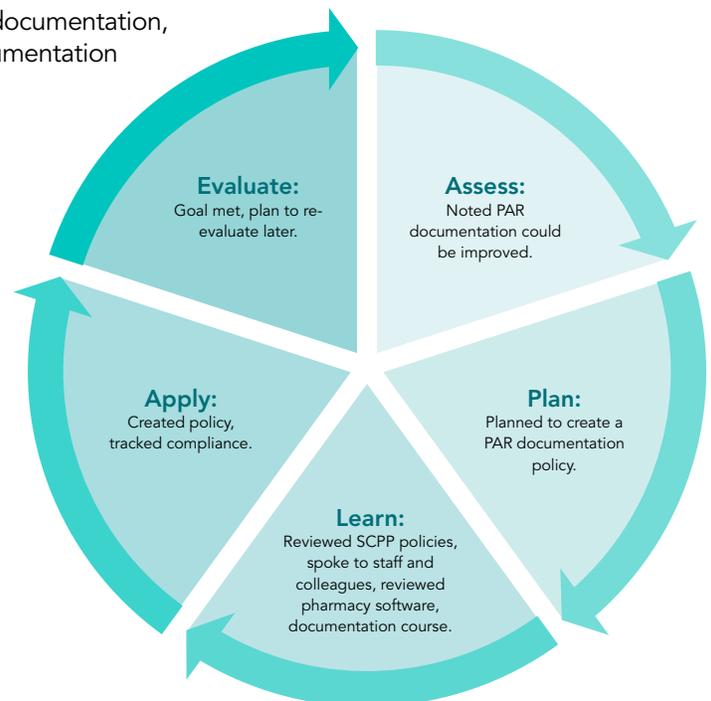
Apply:
The pharmacy manager created a policy, reviewed it with staff, and noted reactions and concerns from staff in the APPLY section of their CPD tool. Over the next month, they spent a few minutes each day looking at pharmacist prescribing activities and noted whether documentation was completed according to policy, they documented the percentage that were complete.

Evaluate:
The manager found that 91% of prescribing activities were documented effectively that month, which met their goal, but also noted reasons why the momentum on this initiative may fade as other priorities take over and considered re-measuring again later. They also noted potential related topics to complete for CPD in the future.

They documented the above on their CPD tool, available here.

Evaluate:
Goal met, plan to re-evaluate later.

Assess:
Noted PAR documentation could be improved.

Apply:
Created policy, tracked compliance.

Plan:
Planned to create a PAR documentation policy.

Learn:
Reviewed SCPP policies, spoke to staff and colleagues, reviewed pharmacy software, documentation course.

References

Accreditation Council for Pharmacy Education (2015). *Guidance on continuing professional development (CPD) for the profession of pharmacy.* https://www.acpe-accredit.org/pdf/CPDGuidance%20ProfessionPharmacyJan2015.pdf

Chan, K. K. W. (2002). *Medical education: From continuing medical education to continuing professional development. Asia Pacific Family Medicine,* 1, 88–90.

Dopp, A. L., Moulton, J. R., Rouse, M. J., & Trewet, C. B. (2010). *A Five-State Continuing Professional Development Pilot Program for Practicing Pharmacists.* https://www.sciencedirect.com/science/article/pii/S0002945923035337

International Pharmaceutical Federation (2002). *FIP Statement of Professional Standards Continuing Professional Development.*

International Pharmaceutical Federation (2014). *Continuing Professional development/continuing education in pharmacy: Global report.*

Main, P. A. E., & Anderson, S. (2023). *Evidence for continuing professional development standards for regulated health practitioners in Australia: a systematic review.* In Human Resources for Health (Vol. 21, Issue 23). BioMed Central Ltd. https://doi.org/10.1186/s12960-023-00803-x

Wheeler, J. S., & Chisholm-Burns, M. (2018). The benefit of continuing professional development for continuing pharmacy education. In *American Journal of Pharmaceutical Education,* (Vol. 82, Issue 3, pp. 198–203). American Association of Colleges of Pharmacy. https://doi.org/10.5688/ajpe6461