

A C P E



ACCREDITATION COUNCIL FOR
PHARMACY EDUCATION

Advancing Learning to Advance Practice

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ACPE History & Governance

- Founded in 1932 by:
 - National Association of Boards of Pharmacy (NABP) (regulators)
 - American Association of Colleges of Pharmacy (AACCP) (educators)
 - American Pharmacists Association (APhA) (practitioners)
- Autonomous, independent, not-for-profit agency
- Board of Directors appointed by NABP, AACCP and APhA plus one public member (educator)



ACPE Accreditation and Certification

- **1932:** Pharmacy Degree Program Accreditation
- **1975:** Continuing Education Providers
- **2011:** Pharmacy Degree Program Certification (outside USA)
- **2015:** Pharmacy Technician Education & Training Program Accreditation

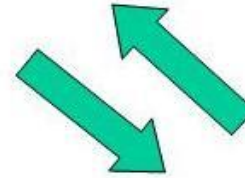
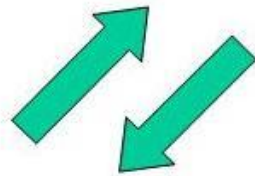


Key Sectors in a Dynamic, Advancing Profession

NABP

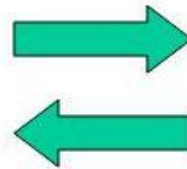
Regulation

Separation but
Communication,
Collaboration,
Accountability



Dynamic
Relationships

Education



Practice

AACP

Drivers for
Change

APhA



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:** A **self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning** that is **applied into practice**. It involves the process of active participation in formal and informal learning activities that assist in developing and maintaining competence, **enhancing professional practice**, and supporting achievement of career goals. The CPD approach is cyclical in nature where each stage of the process can be recorded in a personal learning portfolio. (ACPE)



The Purpose of CE

“The purpose of continuing education for pharmacists and for other health professionals is the **improvement of patient care** and health maintenance, and the **enrichment of health careers**. Therefore, the focus should be on the patient as a problem of treatment and as an exercise in learning. **The basic criterion for the evaluation of the relevance and effectiveness of continuing education for health professionals is the improvement of patient care.**”

Knox A B, Continuing Education of Pharmacists, JAPhA 1975 Aug;15(8) 442-7, 457



How do we assure competence for health professionals?

- Mandatory participation in continuing education activities is the most pervasive model for maintenance of licensure for health professionals (hours or credits based)
- Serves as a proxy for assessment/assurance of competence
- Some moves to “CPD model”
- Some hybrid models (“credits” plus CPD)

UNIVERSITY of MARYLAND SCHOOL OF PHARMACY

Continuing Professional Development Frameworks in Health Professions Across the Globe

Tofade T, PhD, PharmD, BCPS, CPO, Dean; Tran D, PharmD, Narmala Thakkar, MEd, Michael Rouse, PhD, Pharm (Hons), MPh, Accreditation Council for Pharmacy Education

Background

- Continuing education (CE) for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence.
- The International Pharmaceutical Federation (FIP), defines Continuing Professional Development (CPD) as “the responsibility of individual pharmacists for systemic maintenance, development and broadening of knowledge, skills and attitudes to ensure continuing competence as a professional, throughout their careers” (FIP, 2002).
- Simply put, CPD is self-directed lifelong commitment of pharmacists to ensure that the patients are provided with pharmaceutical care in a safe and effective way.

Objectives

The aim of this work is to summarize the literature on CPD and CE practices in the health professions, comparing the different requirements and frameworks to see what similarities and challenges exist and what the future focus should be for the professions.

Methods

A literature review was conducted on CPD and CE in selected health professions, namely pharmacy, medicine, nursing, ophthalmology, dentistry, public health and psychology to see which published papers describe frameworks, regulatory requirements for licensure, or practical examples of the use of CPD or CE in their respective professions. Missing data warranted further exploration from websites.*

Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

Deanna Tran: Nothing to disclose
Tofade Tofade: Nothing to disclose
Narmala Thakkar: Nothing to disclose
Michael Rouse: Nothing to disclose

Results

Over 300 papers from the health professions were retrieved and screened. Relevant articles based on the abstract reviews were summarized into tabular form by profession, minimum requirements for licensure, nature of credits, guidelines on how to record, and specific CE/CPD definitions.

	Pharmacists	Dentists	Nurses	Psychologists	Physicians
Australia	40 CPD credits for the 12 months ending 30 Sept 2013. Accredited pharmacists must obtain an additional 20 CPD credits within the CPD year.	Must complete a minimum of 60 hours of CPD activities over 3 years.	At least 20 hours of continuing nursing professional development hours at least 10 hours must be per year.	Must complete 30 hours of CPD to complete a minimum of 60 hours of CPD per year and of the 30 hours at least 10 requirements exist for those holding limited registration or specific area of practice.	Must complete 30 hours of CPD to complete a minimum of 60 hours of CPD per year. Separate requirements exist for those holding limited registration or specific area of practice.
Canada	Every pharmacist must document in the learning portfolio and participate in the Practice Review Process at least once per 5 years.	60-80 hours of CPD per 3-year cycle. All 10 provinces have their own mandatory requirements.		* 18-20 hours of CPD per year. Requirements vary per province.	Maintenance of Certification (MOC) program requires all members to complete 400 credits of CPD in a 5 year cycle.
Great Britain	9 CPD entries per year.	At least 250 hours of CPD every 5 years. At least 75 hours need to be “verifiable” CPD.	At least 35 hours of CPD needed for learning activity relevant to CPD in between practice every 3 and 1 day per 3 years.	Minimum amount of time needed for engagement in CPD in between practice every 3 and 1 day per month.	50 hours of CPD per year.
New Zealand	Minimum of 20 points annually and 70 points in 3 years.	At least 80 hours of verifiable CPD hours. Minimum 12 peer contact activities over every 3 years.	60 hours of professional development per 3 years.	*	50 hours of CPD per year.
United States	Varies by state. 15-30 CE hours every 1-2 years.	45 states have a mandatory CPD requirement. Cycle length varies. 100 hours every 5 years to 20 every 2 years.	*33 states require CE for renewal. 14 every 1-2 years. 50 every 1-2 years.	*Varies per state. 25-40 hours of CE every renewal cycle (1-2 years).	*Varies by state. 20-150 mandatory CE hours every 1 to 5 years.

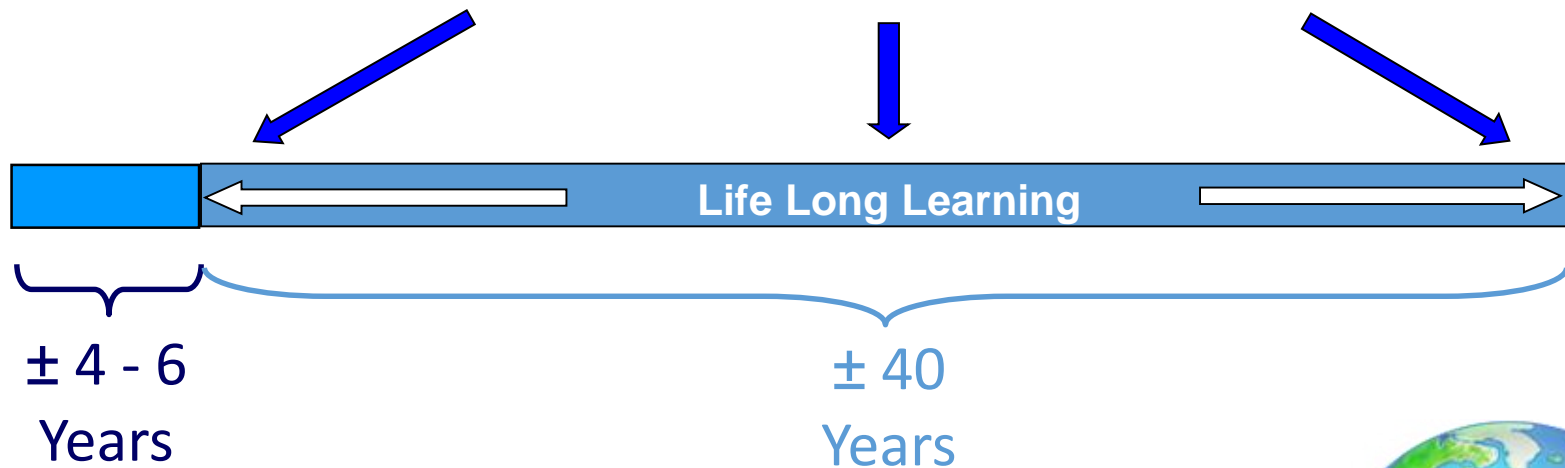
Conclusions

- Wide variations for CE/CPD exist among the health professions.
- The published literature on the subject is not comprehensive and, in several cases, not recent/current.
- Health professions are encouraged to publish more on CE/CPD in peer reviewed journals.
- Lessons learned from this information can be used to further clarify and define the role of CE/CPD and self-directed lifelong learning in pharmacy and the health professions.

Tran D, Tofade T, Thakkar N, Rouse MJ. US and International Health Professions’ Requirements for Continuing Professional Development. American Journal of Pharmaceutical Education. 2014;78(6): article 129.

The *Continuum* of Education for Professionals

What competencies are required for professional practice?



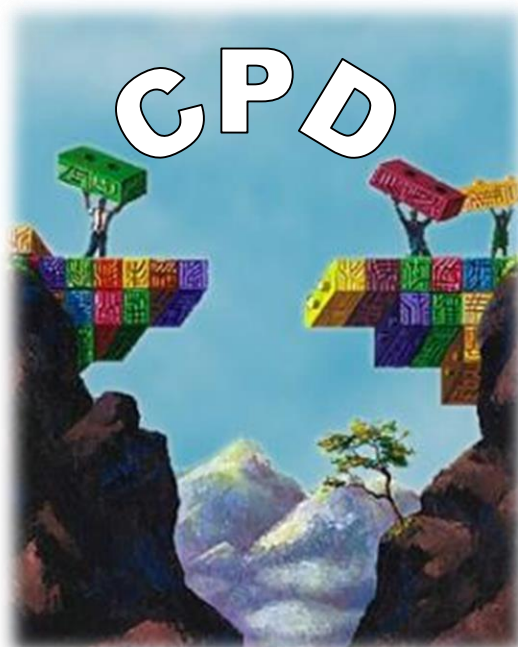
Health professionals are **not adequately prepared or supported in practice**

Health Professions Education: A Bridge to Quality. Institute of Medicine (2003)



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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.**”

Institute of Medicine , December 2009



The Link Between Learning and Health Care Outcomes

*“The past century has seen spectacular gains in the breadth and depth of biomedical knowledge, but the potential of these gains has been limited by inadequate, inequitable, and **inefficient translation of knowledge and skills to the health care workplace.** We propose that a **radically transformed continuing medical education (CME) system is essential to realize biomedicine's ever-expanding potential to improve the health of patients and populations.**”*

Dorman T, Miller BM. Continuing Medical Education: The Link Between Physician Learning and Health Care Outcomes. *Academic Medicine*, Vol. 86 No.11; November 2011



Healthcare Professionals 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



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Why is a New Approach Needed?

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.”

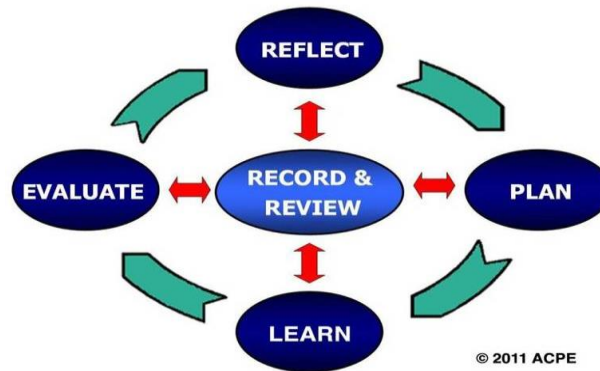
Dopp AL, Moulton JR, Rouse MJ, Trewet CB. A Five-State Continuing Professional Development Pilot Program for Practicing Pharmacists. Am J Pharm Educ. 2010;74(2):Article 28.



A Continuing Professional Development Cycle

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.

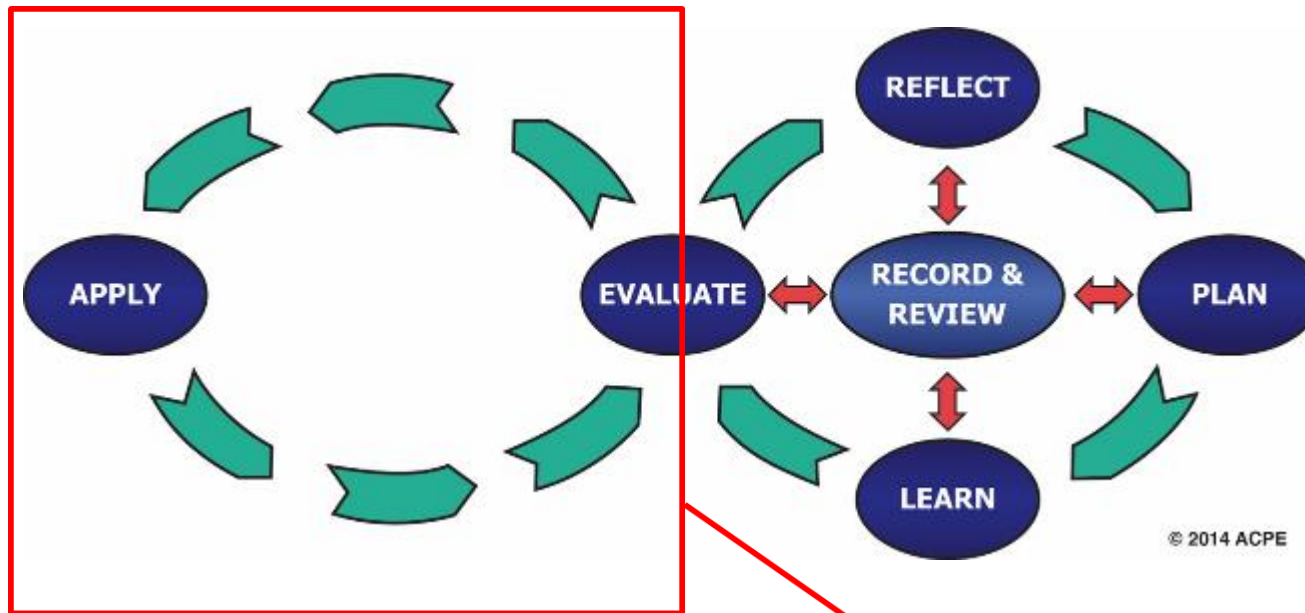


I develop a “Personal Learning Plan” to achieve intended outcomes, based on what and how I want or need to learn.

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.

New Approaches are Needed for Lifelong Learning



Key difference from
traditional CE

Conclusions from the Literature

CE can be effective in both **learning** and **practice change**, but **more successful** if the education is:

- 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**
- Include a “**Commitment to Change**”

All strategies are built into the CPD model

Dopp AL, Moulton JR, Rouse MJ, Trewet CB. A Five-State Continuing Professional Development Pilot Program for Practicing Pharmacists. Am J Pharm Educ. 2010;74(2):Article 28.



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Levels of Outcomes-Based CME Evaluation

Level	Outcome
One	Participation
Two	Satisfaction
Three	Learning
Four	Performance
Five	Patient health
Six	Population health

}

IMPACT

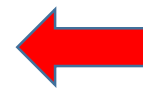
- Maintain and enhance the practitioner's competence
- Improve patient care

Alliance for CME. Evaluating Educational Outcomes: An Electronic Workbook for Continuing Medical Education Providers. Online [for purchase]: <http://www.acme-assn.org/workbook>, March 31, 2002.



What Gets Measured Gets Done!

Level	Outcome
One	Participation
Two	Satisfaction
Three	Learning
Four	Performance
Five	Patient health
Six	Population health



Some countries - no expectation or requirement, therefore, no meaningful participation



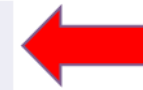
Most countries; most professions (hours/credits)



Most CE providers



Some CE providers



} Emerging models



Future?



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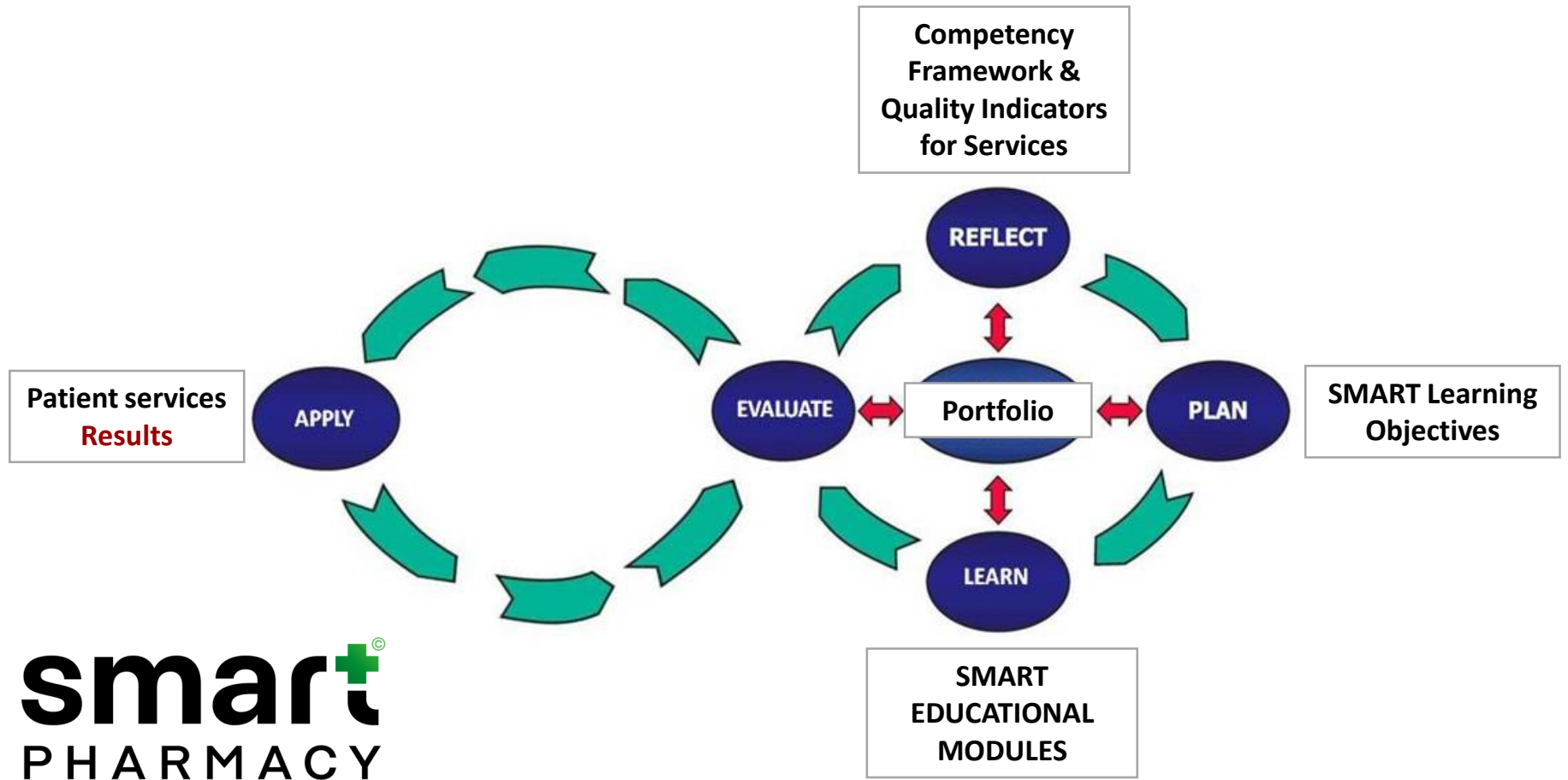
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Ref: Rouse, Trewet, Janke. *Journal of the American Pharmacists Association*, 2017.



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A SMART Way : Learn Today ... Apply Tomorrow



smart⁺
PHARMACY

Learn today – Apply tomorrow!



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Turkish patients' lives dramatically improved as a result of pharmacists' care



Actual patients ... actual pharmacists (May – Oct 2015; Turkey)

