



National Alliance of State Pharmacy Associations

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Committee on Planning a Continuing Health Care Professional Education Institute: Perspectives from Users of Continuing Education

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Background information

The National Alliance of State Pharmacy Associations (NASPA) promotes leadership, sharing, learning, and policy exchange among pharmacy leaders nationwide, and provides education and advocacy to support pharmacists, patients, and communities working together to improve public health. NASPA was founded in 1927 as the National Council of State Pharmacy Association Executives (NCSPA). We are a member of the Joint Commission of Pharmacy Practitioners (JCPP) and participate in the ongoing exchange of information, experiences and opinions of eleven participating pharmacy organizations. In an effort to speak as one voice for pharmacists at this committee meeting, I appealed to all JCPP members for their input and thoughts regarding their members' needs. My comments, therefore, represent not only NASPA, but many organizations that represent pharmacists as users of continuing education that responded to my appeal.

In addition, a survey was sent by state pharmacy associations to the nation's pharmacists this fall. In just over two months between September and November 2008, we had 6,039 responses. This electronic needs assessment attempted to identify (1) educational gaps for programming, (2) pharmacist's preferred methods of learning and (3) an assessment of pharmacists' understanding of Continuing Professional Development (CPD). I believe the data are important to this discussion and I will be presenting relevant information throughout my remarks.

I was asked to address three specific questions.

1) What is the current importance of CE to your daily work?

As the profession responsible for providing patient care that ensures optimal medication therapy outcomes, the importance of CE to the daily work of the pharmacist is unquestioned. CE allows pharmacists to keep abreast of newly approved medications, learn new uses of existing medications, new technology, new methods of delivering patient care and ways to assure compliance with new and changing state and federal requirements and regulations.

CE is a vehicle for all health professions to address current and emerging public health needs. This includes disaster preparedness, pandemic planning, and specifically, in the case of pharmacists, their expanded contribution in the last decade to address the public's need for immunizations. The American Pharmacists Association *Pharmacy-Based Immunization Delivery* certificate training program, a 20-hour intensive CE program, was first offered in 1996 to an initial audience of 67 community pharmacists in Mississippi. Research conducted following this offering indicated that within six weeks of the program 50% of the attendees began immunizing patients and that they provided more than 500 vaccine doses. In the ensuing twelve years, over 40,000 pharmacists from all fifty states have been trained through this program and APhA's latest internal survey data indicate that over 2 million vaccine doses are administered each year—a significant public health impact.

As you can see, for pharmacists CE goes far beyond the popularly viewed requirement for continued licensure. Based on our survey, the top three factors for selecting a particular CE

activity were (1) interest in a topic, (2) the cost of the activity, followed by (3) lack of knowledge for a particular subject.

2) How could CE be changed to make it more useful to you and a more integral part of your practice?

To begin, I would like to share some data from our survey.

- Less than 40% of respondents receive financial support from their employers for CE activities. This is relevant to the burden of out of pocket investment in CE and reiterates the need for appropriate financial support.
- Nearly 60% of respondents do not receive professional time for CE. This is relevant to taking personal or vacation time to participate in CE activities.
- The types of CE that pharmacists most prefer to participate in are live symposia, followed by online, print, and webinars. This illustrates that live, interactive CE is preferred but cost and time are prohibiting factors.
- What they ACTUALLY participate most in is print CE, followed by online, live symposia, and then webinars. This underscores the previous four points. Pharmacists participate in CE that they can budget into their lives, both in time and financial terms.
- While 67% of respondents weren't familiar with the concept of continuous professional development, nearly 80% of respondents would select CE based on the results of their personal CPD assessment.

These findings suggest a couple of significant opportunities. States should consider accepting a certain number of hours accomplished by in-person, practice-based learning. The CPD model is a great example of this type of education and should be a requirement. More state boards of pharmacy should accept a CPD model for pharmacists as a re-licensure model. We anticipate with pharmacy school accreditation standards related to lifelong learning we will see increased exposure to the CPD model in pharmacy schools. This will enhance the uptake of this type of CE throughout their career.

Equally important to CE changes are philosophy changes required from employers to make practice-based learning realistic. It is important to maintain the ability of pharmacists to have choices when it comes to CE methods. In addition, alignment of CE with improvement of quality via inter-professional collaboration and teamwork is important for the future of health care.

3) What concerns regarding CE and the IOM's study should be brought to the attention of the committee?

We recognize the importance of the recommendations that are contained in the Macy Foundation report¹. However, we feel there is significant movement towards CE that offers improved knowledge, competence and performance, in addition to ways to improve practitioners' own practices, individual patient care learning, and inter-professional collaboration with "360" feedback methods. These advancements have been made in part by the collaboration of the health care accrediting bodies, the academic learning bodies, and national/state professional organizations' advocacy efforts. Through efforts with public health, quality standard setting bodies and consumer health groups there is a greater understanding of and focus on standards and methods that assure enhanced outcomes for patients.

However, we acknowledge we can always do better and our patients deserve our best effort to utilize every possible method to maximize our effectiveness as health professionals. We have concerns that the report suggests the solution is to support a publicly-funded

¹ Hager M., Russell, S., Fletcher, SW. Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning, Conference Monograph, New York, Josiah Macy, Jr. Foundation, 2008.

Continuing Health Care Professional Education Institute. While this could conceivably be part of the solution, focusing solely on CE and not the entire continuum of health care professional education is short sighted. We must invest in continuing education throughout the life of all healthcare professionals. In this respect, we couldn't agree MORE with Pete Vlasses' earlier comments regarding the person is "a student of the profession for a lifetime". Our patients deserve our commitment to heed the recommendation. We need a **Health Care Professional Education Institute**. We believe that competitive research grants through the Institute would greatly revitalize the "science of Health Professional Education and CE" as well as enhancing the recognition that academics could receive for scholarship and research in Health Professional Education and CE, which is now under-appreciated and under-rewarded in the academic sector. The goal would be to provide a stronger evidence base on how to improve the quality of Health Professional Education and CE and its direct impact on patient care.

Health professions education: A bridge to quality² recommendations suggest that foundations should take the lead in developing and funding regional demonstration learning centers which represent partnerships between practice and education. These centers should leverage existing innovative organizations and be state-of-the art training settings focused on teaching and assessing the five core competencies. We believe this supports our assertion that what is needed is a health professional education institute.

We are concerned however, that many of the recommendations that support inter-professional collaboration envision a very narrow scope of health professions. Pharmacists, for example are often not mentioned. We would like to applaud the IOM for including a pharmacist on the panel, and inviting participation of ACPE and the practitioner committee to address this panel.

Based on responses from our survey, pharmacists prefer live CE, but actually participate primarily in print and online CE. We need to address the true reasons for this, beyond the assumptions made previously in these remarks, in order to be able to advance a better model. Secondly, most employers do not grant professional time to their pharmacists for CE. This is a substantial challenge to educational methods that require periodic demonstration of performance.

Also based on our survey, 88% of respondents do not currently have a CPD portfolio and plan. There is clearly need for research and support for CPD implementation beginning in health professional educational settings so that adoption of CPD, including inter-professional CPD as a lifelong learning process is seamless.

For the record, we hope the IOM and all those involved in the CE enterprise will take into account the hectic nature of health care providers' practice and personal lives, including pharmacists, and NOT add significant record keeping or filing requirements or other mandates to the CE process unless there is sound research supporting these requirements. We feel this research is currently lacking.

Nevertheless, I want to reiterate that as the health professional responsible for providing patient care that ensures optimal medication therapy outcomes, the importance of CE to the daily practice of pharmacists is unquestioned. We look forward to continuing collaboration with IOM to advance this important issue in healthcare.

² Greiner, AC., Knebel, E., Editors, Committee on the Health Professions Education Summit Health Professions Education: A Bridge to Quality, National Academies Press, 2003.