

What if continuing education became mandatory? opinions of Belgian community pharmacists

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Abstract

Objective In July 2003, a survey (n = 1032) was conducted on issues related to continuing education for community pharmacists. This study aims to explore specific results of this survey in-depth. The objectives were to examine how current continuing education courses can be optimised, how much interest pharmacists have in distance learning, and how pharmacists think about mandatory continuing education.

Setting Community pharmacy in the Dutch-speaking part of Belgium.

Method Six focus group discussions were held: two with attenders (n = 14), two with non-attenders (n = 13), and two with the management of the Institute for Permanent Study for Pharmacists (n = 12). A theme plan was used to moderate discussions. Framework analysis was applied to analyse data.

Key findings To optimise live courses, continuing education providers should select good speakers, provide extensive course notes, and focus on issues that are relevant to day-to-day pharmacy practice. The interest in distance learning as a continuing education format was limited. Non-attenders are likely to need a formal obligation to engage in continuing education, with the preferred format being live courses. By increasing patients' awareness and appreciation of pharmacists' capabilities, pharmacists could be more motivated to counsel patients, to engage in continuing education, and to accept a system of mandatory continuing education.

Conclusion Implementation of mandatory continuing education in Belgium might encourage more pharmacists to take part in live continuing education courses than in distance learning. The arguments for and against mandatory continuing education as well as the suggestions for improvement of live continuing education courses should be taken into account when implementing a system of mandatory continuing education.

Introduction

The purpose of continuing education (CE) is to sustain continuous development of pharmacists with a view to maintaining and enhancing their professional competences.¹ To support CE, professional associations and CE providers need to ensure that all practitioners engage in CE, and that CE courses reflect practitioners' needs.

Needs assessment

CE providers have applied various methods to design courses that meet practitioners' needs. Quantitative methods such as questionnaires have been used to elicit CE format preferences and educational needs.^{2–6} Qualitative methods such as focus group discussions and interviews have been applied to explore interest in new formats such as computer-assisted learning, to investigate reasons for low participation in computer-assisted learning, or to clarify previously collected quantitative data.^{7–10}

In the US as well as in Europe, recent studies revealed that pharmacists generally prefer written materials and live formats such as lectures and workshops.^{3–6,11,12} Doctors also seem to prefer these CE formats.^{13–15} Although these studies have been conducted in an era in which the use of computers has been well established, this has not translated into a clear interest in computer-assisted learning. Reasons for this lack of interest appear to be lack of computer skills, lack of time, and the reputation of the source.^{7,8,15,16}

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Mandatory continuing education/continuing professional development

The importance of keeping up to date with new developments in the professional field is not a matter of debate. Whether to substantiate this ethical obligation by means of a legal requirement, is an issue of discussion. The controversy arises from the fact that the impact of CE on pharmacy practice is disputed.^{4,17,18} Therefore, some countries have moved away from an hours-based CE requirement towards a more qualitative system based on continuing professional development (CPD).^{11,19} In contrast with CE which addresses the learning needs of pharmacists as a group, CPD focuses on the responsibility of each individual pharmacist to develop and maintain professional knowledge, skills and attitudes.²⁰ CPD represents a continuous learning cycle in which a practitioner determines his/her own learning needs, makes plans to meet those objectives, executes those plans, and evaluates whether the actions were successful.

Few recent studies have investigated arguments in favour of and against mandatory CE/CPD. Donen summarised results from studies from the 1980s and the early 1990s.²¹ Arguments in favour included protection of the public and keeping up to date. Objections related to the fact that attendance can be mandated but learning cannot, and that performance will not necessarily improve.²¹ Attitudes and perceptions of pharmacists towards mandatory CPD have already been investigated in the UK. These studies indicate that most pharmacists agreed that CPD should be mandatory. However, pharmacists were not totally aware of the difference between CE and CPD, and they preferred hours to be certified so that they could quantify fulfilment of the CPD requirement.^{11,22} Austin and colleagues came to similar conclusions in a study with Canadian pharmacists.¹⁹

Pharmacy infrastructure and continuing education in Belgium

In Belgium, there are around 5200 community pharmacies or approximately one pharmacy per 2000 inhabitants. This is one of the highest densities in Europe. Of these pharmacies, about 2100 are one-man businesses. Pharmacies are therefore small, mostly privately owned, and their number is regulated through the law on establishment. Anyone can own a pharmacy, but there needs to be a pharmacist in the pharmacy during opening hours. In weekends and evenings, pharmacists from the same region divide the guard duty amongst themselves.

To become a pharmacist, students have to complete five years of university studies. Around 60% of graduating pharmacists go on to work in a community pharmacy. Those pharmacists rely on the Institute for Permanent Study for Pharmacists (IPSA) for CE support. IPSA organises a CE course on nine different locations in the Dutch-speaking part of Belgium twice a year. The spring course consists of five lectures on a specific theme (e.g. inflammatory diseases), and the autumn course takes the form of four lectures on various topics. IPSA's scientific board, consisting of practising community pharmacists, decides upon the content of courses. Speakers are usually recruited in the faculties of medicine, and courses are

organised on weekday evenings. Almost 2000 pharmacists attended one or more IPSA lectures in 2005 out of a total number of members of 3325.

The need for this study

Community pharmacists undertake CE on a voluntary basis in Belgium. However, given the authorities' emphasis on CE and the fact that other health practitioners such as hospital pharmacists, physicians and dentists have already regulated CE systems, the voluntary nature of CE has been questioned by community pharmacists' associations. Hence, there was a need to investigate how community pharmacists think about mandatory CE and what the implications of pharmacists' preferences for CE might be for the development of CE courses by providers such as IPSA.

Aim and objectives

The study was carried out in the context of a research programme exploring Belgian pharmacists' needs and opinions related to CE. A postal survey was carried out of a random sample of 1691 community pharmacists/IPSA members in July 2003.³ Information was gathered with respect to facilitators of and barriers to participation in CE courses; willingness to pay for CE; preferred content and format of CE courses; and opinion on mandatory CE. The aim of the study reported in this article is to explore specific findings of the survey in depth, by means of a qualitative approach. This translates into the following objectives: first, to investigate how current CE courses can be optimised; second, to determine pharmacists' interest in distance learning compared to the traditional lecture format; third, to identify arguments in favour of and against mandatory CE. This information serves to inform the potential development of a system of mandatory CE for community pharmacists.

Methods

Focus group discussions

This study applied a qualitative approach to a previously reported survey on pharmacists' needs and opinions related to CE.³ Focus group discussions (FGD) were used because group interaction could generate greater insights than one-to-one interviews in light of the controversial nature of topics discussed.²³ This method of combining survey research and FGDs has been used by several researchers.²⁴⁻²⁷ However, a drawback of FGDs is that the findings cannot be generalised to the pharmacy population.

Participants

Six FGDs were conducted in Leuven and Bruges between June and December 2004. Two FGDs were conducted among attenders of IPSA courses (n=14), two among non-attenders (n=13), and two among the management of IPSA (n=12) (Table 1). Attenders were community pharmacists, IPSA

members, who had attended at least 8 of 15 IPSA lectures in the past 1.5 years. Non-attenders were community pharmacists, IPSA members, who had not attended any IPSA lectures during the same time period. The management of IPSA consisted of community pharmacists who were member of the board of directors or the scientific board. Heterogeneity within FGDs was obtained by purposive sampling to stimulate discussion.²⁸ Therefore, an equal number of pharmacy owners and pharmacy staff was recruited for each group of attenders and non-attenders. In the management groups, purposive sampling was not possible because most pharmacists were pharmacy owners. Participants in these management groups were recruited via email, whereas participants for CE attender and non-attender groups, who met the inclusion criteria, were recruited by calling them at home or in the pharmacy to probe their interest. During the telephone conversation, they were informed of the purpose of the study and the fact that participation was rewarded with €75. Participants of the management groups were not rewarded. Ethical approval was not needed for this study. All FGDs, in which six or seven pharmacists participated, lasted for approximately two hours.

Piloting and conducting the FGDs

One pilot FGD was organised with five research fellows to control for face and content validity of the theme plan. The questions in the theme plan were based on the research questions, and were constructed following recommendations from the literature.²⁹ A moderator facilitated discussions. A scribe made notes in each group using a PowerPoint template that was made in advance. These notes were projected so that participants could read them during the discussions.

Analysis

All FGDs were audiotaped and transcribed verbatim. Because of the systematic and visible stages of the analytical process, and because of its suitability for applied research, the transcripts were analysed with the method of framework analysis.^{30,31} This method includes five key stages. The first stage, familiarisation,

served to let the researcher become familiar with the data. Transcripts and notes were read, and tapes were listened to. In the second stage, a thematic framework was identified both from *a priori* issues (theme plan) as well as from issues emerging from the data. During subsequent steps, this framework was refined. The third stage applied the framework to the data. This indexing was carried out by the researcher as well as by an independent research fellow to strengthen inter-rater reliability.³² Consensus was sought in case of different indexing. In the fourth stage, charts were created to sort the data according to the appropriate thematic reference. The final step consisted of interpreting the data as a whole. The software package ATLAS.ti 5.0 was used to facilitate the ordering of the data.

Results

Results are reported per research question and per category of FGDs (attenders, non-attenders and management). Quotes are referenced to the pharmacist from a group (1–7) and to the focus group: Scientific Board (SB), Board of Directors (BD), Attenders Leuven (AL), Attenders Bruges (AB), Non-attenders Leuven (NAL) and Non-attenders Bruges (NAB).

Optimisation of live continuing education courses

The number of pharmacists who mentioned issues related to optimisation of live CE courses is presented in Table 2. Attenders wished to see improvement in terms of (i) the orientation of courses towards practice: 'It is important that they also emphasise those practical things, those new insights that are ready to use in practice!' (AL6); (ii) better speakers: 'We want a good speaker who does not read out his slides, you can read those by yourself at home' (AB5); and (iii) a practical syllabus: 'a usable textbook!' (AL3). Attenders complained that courses were too often given by doctors who might not always know what pharmacists want to learn.

Non-attenders wanted CE to deal with the most important and recent events because:

Table 1 Demographic characteristics of pharmacists participating in focus group discussions

	Approached	Attended	Location	Employment position			Sex	
				Pharmacy owner	Staff pharmacist	Other	Male	Female
Management IPSA								
scientific board (SB)	6	6	Leuven	3	2	1 ^a	4	2
board of directors (BD)	6	6	Leuven	5	0	1 ^b	6	0
Attenders								
Leuven (AL)	12	7	Leuven	3	4		1	6
Bruges (AB)	12	7	Bruges	4	3		3	4
Non-attenders								
Leuven (NAL)	14	7	Leuven	3	4		4	3
Bruges (NAB)	26	6	Bruges	4	2		2	4

^aPharmacist working for a professional association.

^bPharmacist working for IPSA.

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Table 2 Thematic framework for optimisation of live continuing education CE courses

Optimisation	Attenders (n = 14)	Non-attenders (n = 13)	Management (n = 12)
Content			
more practice oriented	x	x	x
more information about drugs	x	x	
more 'hot items' anticipating new regulations, drug releases	x	x	
brief and to the point		x	
More interactive formats		x	x
Better speakers	x		x
Organisation			
making pharmacy owners pay course expenses for their staff	x	x	x
courses should not overrun its time	x		
courses should be better planned		x	
Receiving a practical syllabus	x	x	x

X = mentioned by at least four pharmacists.

I have to read too much in the newspapers and hear too much from patients themselves to know what is going on. (NAL5)

They emphasised that going to CE courses has to be worth the effort, in that they wish to acquire new knowledge or skills. As a result, non-attenders preferred courses on topics such as new drug releases or innovations.

The IPSA management recognised the issue of finding good speakers:

... we always have to look in the faculty of medicine to find speakers.' (BD5)

and the lack of practice-oriented courses. They were also aware of the fact that their members value a good syllabus:

The members want an extensive syllabus which they will, or rather which they *think* they will, use again later. (SB3)

Management was not aware of the importance of some organisational factors such as courses overrunning their allocated time, bad planning of course days, and employers refusing to pay for their employees. These factors were mentioned by non-attenders as barriers to coming to courses. According to attenders, lack of motivation and lack of interest were the underlying causes for non-attenders foregoing participation in courses:

When you ask those people who do not attend why they don't, then they will say: I don't have time to attend. But nobody has time. I mean, we too don't have time!' (AL2)

Distance learning

Table 3 outlines issues related to distance learning mentioned by attenders, non-attenders and IPSA management. Both attenders and non-attenders identified the difficulties of self-study:

For me that won't work. I have to say to myself: we are going to that course tonight. During those two hours I am busy with that and don't do anything else. My phone is ringing and so be it. And at home ... I have tried it several times but ... no ... (AL1)

When asked to choose between distance learning and attending classes if CE were mandatory, the majority of attenders would opt for the latter. Attenders believed that distance learning would not be the solution for non-attenders. They thought that non-attenders would prefer to attend classes instead of distance learning if CE became mandatory. This assumption was confirmed by the majority of non-attenders. Only two pharmacists in each group of non-attenders considered distance learning to be an option in the case of mandatory CE.

The management of IPSA discussed the relation between distance learning, participation in CE courses and mandatory CE:

If CE is mandatory, all pharmacists will have to choose something. And *then* distance learning will be important! (SB1)

and

Table 3 Thematic framework for distance learning

Distance learning	Attenders (n = 14)	Non-attenders (n = 13)	Management (n = 12)
Advantages			
convenient	x		x
anticipating recent developments			x
interactive	x	x	x
Disadvantages			
no social contact	x	x	
disturbances at home (e.g. children, phone...)	x	x	
more motivation needed to complete the programme	x	x	x
As long as continuing education is not mandatory, there will not be much interest in distance learning			x
If continuing education becomes mandatory, distance learning programmes have to be developed			x

X = mentioned by at least four pharmacists.

Honestly, I think we have to have a good offer of distance learning before we can start thinking of mandatory CE. (BD3)

In line with the opinion of the attenders, IPSA management agreed that

When we optimise our courses and when we get what we want out of our courses in terms of for example practicability, we will automatically have fewer non-attenders. (BD4)

Mandatory continuing education

The thematic framework of arguments in favour of and against mandatory CE, is displayed in Table 4.

Arguments in favour of mandatory continuing education

Attenders expected that making CE mandatory would have positive consequences for CE providers:

I think that the quality of the lessons, not that it is not good at the moment, may increase, because if we were obliged, this obligation will extend to CE providers. (AL6)

Both groups of attenders formulated arguments based on a negative motivation towards non-attenders:

I have my professional pride and I will keep on going to CE courses, but sometimes I think: damn! They don't do it and there are no consequences, but if you make it mandatory, you don't have that anymore. (AL2)

In general, non-attenders mentioned advantages related to keeping up to date. Some non-attenders admitted that a mandatory system would be the right option for them because they needed some kind of external pressure.

Moderator: Why is making CE mandatory not a right cause?

NAL2: NOT a right cause?

Moderator: Yes, not a right cause

NAL2: I think in my case it *is* a right cause! [laughs]

The management of IPSA was concerned about the future of the profession. They even talked about 'saving the profession' (SB1). The scientific board was convinced that

Table 4 Thematic framework for arguments for and against mandatory continuing education

For mandatory continuing education	Attenders (n = 14)	Non-attenders (n = 13)	Management (n = 12)
Pharmacy as a profession (positive motivation) e.g. improve image, upgrade profession, prevent degradation to salesmen	x		x
Necessary for non-attenders, e.g. extrinsic motivation; unknown, unloved	x	x	x
Responsibility towards society e.g. society grants pharmacists the monopoly of drug distribution and expects pharmacists to fulfil this monopoly in a responsible manner; not being a threat for public health	x		x
Patient e.g. deserves a competent pharmacist close to his home, patient is not able to evaluate a pharmacist	x		x
Positive consequences e.g. ↑ quality of lessons, continuing education for free; continuing education during working hours	x	x	
Knowledge e.g. keep up to date; evolution of science	x	x	x
Negative motivation e.g. non-attenders should be forced to make some time for continuing education	x		
Against mandatory continuing education			
Effect on positive learning environment, e.g. people disturb classes, 'credits' atmosphere, ↓ quality of lessons	x	x	x
Format e.g. one type of format (e.g. lectures) cannot be enforced		x	
Swerve from the purpose e.g. being obliged to follow continuing education does not make you a better pharmacist, a good pharmacist is more than up-to-date from a scientific perspective	x	x	x
Patient e.g. has the freedom to go to the pharmacy of his choice, patient acts as consumer	x	x	x
Negative consequences e.g. older colleagues and pharmacists working part-time will quit, potential misuses	x	x	
Fundamental (=intrinsic) objection, e.g. enough laws and duties, in contrast to freedom, in contrast to motivation	x	x	x
Moral duty e.g. a good pharmacist makes sure he is up to date	x		

X = mentioned by at least four pharmacists.

mandatory CE is necessary to provide non-attenders with at least an extrinsic motivation. Moreover, they stood up for the patient because:

he has no criteria to evaluate the competence of the pharmacist (SB3).

Both groups emphasised the responsibilities of the pharmacist in the healthcare system because:

after all, we are not in real estate business! (BD4)

Arguments against mandatory continuing education

Attenders emphasised fundamental objections to mandatory CE:

In that case, I am less motivated to attend courses (AL6)

and the potential misuses that it could produce:

... just like with physicians: they get their stamp and they leave right away! (AB7)

They also considered the negative influence on the learning environment because interested pharmacists could be annoyed by non-interested pharmacists.

Non-attenders questioned the role of the pharmacist. They thought that the most important job of the pharmacist should be to help the patient:

If a pharmacist is able to find quickly and efficiently the information required for assisting the patient, why would we spend hours in an auditorium to attend lessons that we surely cannot use in our daily practice? (NAB5)

Furthermore, they argued that patients can go to the pharmacy of their choice and that a lot of patients are not even interested in the advice of the pharmacist.

IPSA management raised fundamental objections to mandatory CE. Whereas the Scientific Board considered lack of evaluation criteria of the patient to be an argument in favour of mandatory CE, the board of directors thought that the patients' indifferent behaviour was an argument against mandatory CE:

The pharmacist becomes discouraged by this attitude of the patient who is only interested in the fact if there is parking space in front of my door, if he gets a discount and if I have the latest gadget with the Fluocaril toothpaste. And there, there he loses his faith! (BD4)

Discussion

In Belgium, the voluntary nature of the current system of CE has been questioned by community pharmacists' associations. In light of a possible move towards mandatory CE, the aim of this study was to explore the optimisation of CE courses, pharmacists' interest in distance learning and their opinion on mandatory CE.

Both attenders and non-attenders wanted a more practical approach in CE courses. Information that can be used the next

day in the pharmacy was clearly stated as 'most wanted'. The interest in distance learning was limited, both with attenders as well as non-attenders. Not only might those non-attenders prefer attending live courses, they also might need a formal obligation to do so. Although a lot of intrinsic objections were raised about mandatory CE, the attenders and the management most clearly saw the need.

The strengths and weaknesses of this study are both inherent to the method of FGDs. This method allowed in-depth exploration of some controversial CE issues, from the perspective of both the provider and customer, thereby often revealing underlying motives that could probably not be detected through another approach. However, conducting focus group discussions does not allow generalising results to the pharmacy population.

The findings relating to the optimisation of live CE courses suggest that pharmacists have a clear vision on how live programmes can be improved. Harden and Laidlaw identify the most important conditions for effective CME in their CRISIS model.³³ According to this model, CE activities should be Convenient, Relevant, Individualised, including the possibility for Self-assessment, Interesting, and Systematic. Although incorporated in the 'interest' criterion, our results suggest that the letter S for speaker might be added to the CRISIS mnemonic in order to obtain effective CE lectures. The speaker was perceived as a very important determinant of the quality of the CE activity. This is in line with results obtained by other researchers.^{8,13,34} Indeed, finding good speakers is one of IPSA's major concerns. This might be due to the fact that CE courses often deal with specific disease-state topics (for example, oncology), topics for which speakers/experts are mainly recruited from the faculties of medicine. This, in turn, may explain why pharmacists complain that courses are often more suitable for physicians than for pharmacists.

The enthusiasm of FGD participants for distance learning was not very explicit. This is in line with the results from other researchers who have suggested that offering courses in computer skills might change this attitude.^{15,16,35} However, our study indicated that motivation might also be a problem, as participants agreed that going to a lesson takes only one barrier to overcome, namely getting into your car and driving to the training place, whereas studying at home means that you need to resist all kinds of interruptions. These findings suggest that providing incentives for completing the programme might be particularly relevant to developing effective distance learning programmes.

The final objective of this study was to identify pharmacists' arguments for and against mandatory CE. The importance of involving pharmacists in decision making on CE has been illustrated by a case in Manitoba (Canada). In 2002, the Manitoba Pharmaceutical Association implemented a professional development system based on a learning portfolio and peer review according to professional requirements. Some time later, a petition and a special general meeting resulted in a majority vote to discontinue the newly implemented system.³⁶ Therefore, involving pharmacists in the decision making may increase the acceptability of new regulations, such as the introduction of mandatory CE.

When considering whether to implement a system of mandatory CE, one needs to take into account the pitfalls

identified in this study. Mandatory CE could prompt some colleagues to leave the profession and may have a negative influence on the learning environment. Pharmacists had a negative perception of patients who were blamed for acting as consumers who are not interested in the pharmacist's advice. This implies that by increasing patients' awareness about pharmacists' capabilities, pharmacists could be more motivated to counsel patients and to engage in CE. According to Schommer, the marketing perspective can be an important determinant for the implementation of new services in the pharmacy.³⁷ Therefore, convincing patients of the need for pharmacists to continuously develop their professional skills, might be a prerequisite in the acceptance process of mandatory CE for pharmacists themselves.

Professional associations that consider developing a system of mandatory CE should ensure that the system is rigorous, feasible, and geared towards improving professional competence instead of collecting credit points. In this respect, countries that are starting to develop mandatory CE systems may be inspired by countries such as the UK, Canada, and New Zealand that have developed and improved mandatory systems of CE and CPD.³⁸⁻⁴⁰ In this respect, we feel that more countries should report on their experiences with mandatory CE so that the knowledge in this field can grow.

Conclusion

If CE became mandatory in Belgium, the majority of the participants of these FGDs would prefer live courses above distance learning. Live CE courses need improvement on practicability of the course content, selection of the speakers, and course notes. Difficulties of completing the programme due to impaired concentration at home, might be a reason for the low enthusiasm for distance learning. Convincing patients of the need for pharmacists to continuously develop their professional skills might be a prerequisite for pharmacists to accept and participate in a system of mandatory CE. Finally, when implementing a system of mandatory CE, the identified arguments for and against mandatory CE should be taken into account. However, the findings of this study have to be interpreted with caution, because FGD as a research method does not allow us to generalise results to the pharmacy population. They do, however, enable us to reflect upon the organisation of CE and the allocation of available resources.

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