

SPECIAL ARTICLE

Current and Future Opportunities and Challenges in Continuing Pharmacy Education

Jeffrey W. Wadelin, PhD,^a Dimitra V. Travlos, PharmD,^a Kristin K. Janke, PhD,^{b,c}
William A. Zellmer, MPH, BSPHarm,^d Peter H. Vlasses, PharmD, DSc^a

^a Accreditation Council for Pharmacy Education, Chicago, Illinois

^b Wulling Center for Innovation & Scholarship in Pharmacy Education, University of Minnesota, Minneapolis, Minnesota

^c University of Minnesota College of Pharmacy, Minneapolis, Minnesota

^d Pharmacy Foresight Consulting, Washington, District of Columbia

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The Accreditation Council for Pharmacy Education (ACPE) convened a consensus-seeking invitational conference on October 29-30, 2015, in Chicago, Ill. ACPE's desire to have stakeholder guidance on its role in the future of continuing pharmacy education and continuing professional development led to the convening of the conference. The purpose of this article is to summarize the proceedings of the conference, including the recommendations from the stakeholders.

Keywords: Accreditation Council for Pharmacy Education, continuing pharmacy education proceedings

INTRODUCTION

In view of the changes in the nature of pharmacy practice and the health care marketplace, there is a need for a focused examination of opportunities and challenges in continuing pharmacy education. While it was not suggested that the 40-year-old ACPE program is outdated, affirming its place in ensuring the continuing competence of pharmacists and/or identifying areas for improvement would be valuable. Accordingly, the objectives of the conference were threefold: First, identify the optimal future state of accredited continuing pharmacy education (CPE), including its relationship to: continuing professional development (CPD) practices; practitioner privileging in health care delivery organizations; and interprofessional education (IPE) and practice. Second, assess current conditions with respect to accredited CPE, taking into account the diversity of educational needs among practitioners, the status of CPD, and the perspectives of practitioners, pharmacy owners, health care delivery organizations, CPE providers, regulators, the public, and accreditors (ACPE and others). And third, identify viable options for moving from current conditions to the optimal future state of accredited CPE.

This article gives a summary of group discussions and key takeaways from the conference, including

recommendations from the plenary and breakout sessions that will guide ACPE's strategic planning. Conference organizers hoped that the outcomes of the conference will be meaningful to continuing pharmacy education providers and regulators, and to individual pharmacists as they look to maintain competence.

Invited Participants

Sixty individuals were invited to participate in the conference. These individuals, representing a broad perspective on the profession of pharmacy, included continuing pharmacy education providers, pharmacy organization leaders, practitioners from a variety of settings (including community, health systems, and managed care), regulators, employers, academics, and members of the ACPE Board of Directors, CPE Commission, and staff. See Appendix for a list of attendees.

Conference Structure

The conference was designed to create dialog among participants by presenting expert opinion on major issues and then engaging all participants in discussion. A list of pre-conference readings¹⁻¹³ was made available to participants to brief them in preparation for the plenary and discussion sessions. These readings included both published articles regarding continuing education and marketplace forces as well as ACPE accreditation standards, policies and procedures, and planning documents, ie, ACPE and CE strategic plan. The conference included

Corresponding Author: Dimitra V. Travlos, Accreditation Council for Pharmacy Education, 135 S. LaSalle St., Suite 4100, Chicago, IL 60603-4810. Tel: 312-664-3575. Fax: 866-228-2631. E-mail: dtravlos@acpe-accredit.org

opening and closing sessions and three plenary sessions. Following the sessions, which featured presentations by panelists with a range of perspectives, the attendees divided into three breakout groups to engage in focused discussion and formulate recommendations for consideration by all conferees. At the end of each breakout session, each group presented a summary of issues, recommendations, and opportunities arising from its discussions.

Conference Opening

The conference began with a welcome from Bruce R. Canaday, president of the ACPE Board of Directors. Dr. Canaday gave an overview of the conference goals and objectives. Dimitra V. Travlos, director, CPE Provider Accreditation, ACPE, and Jennifer L. Baumgartner, assistant director, CPE Provider Accreditation, ACPE, then provided a historical overview of the ACPE CPE accreditation program since its initiation in 1975, which included an overview of ACPE's CPE Enterprise and successes and challenges facing ACPE-accredited providers of continuing education. Kristin Kari Janke, director, Wulling Center for Innovation and Scholarship in Pharmacy Education, University of Minnesota, College of Pharmacy, coordinated, analyzed, and presented a summary presentation of the results of a pre-conference survey.

Summary of Pre-conference Survey

The results of a pre-conference survey (an opinion poll containing more than 50 items) informed discussions during the conference. A total of 521 complete responses were received from a sample of pharmacists, pharmacy technicians, state pharmacy board regulators, and CE providers regarding the current CE system, the future of learning, the continuing professional development approach, and the environment for accredited continuing pharmacy education.

Eight statements regarding the current, mandatory, hours-based CE system were asked using a five-point Likert scale (1=strongly agree to 5=strongly disagree). In particular, respondents indicated that the current system improves patient safety (2.1) and improves the quality of care in pharmacy (2.2). There was less agreement that the current CE system fosters innovation in practice (2.5) or supports career advancement (2.6), although these average responses are above neutral. In commenting on the current system, respondents also reported that the ACPE standards and process ensure quality of individual CPE activities (2.0). Taken together, these results indicate a relatively positive assessment of CPE in the US.

Compared with today, respondents indicated that within the next 10 years, lifelong learning will be more

important (1.8), more options for maintaining specialty certification/credentials will be needed (1.8) and more practitioners will be required to demonstrate competency for specific responsibilities (1.8).

Respondents also indicated that employer involvement in supporting/delivering learning will increase (2.2) and that employers should use practitioner CPD and its documentation for credentialing and privileging activities (2.2). Furthermore, more practitioners will have a need to enhance their ability to be effective members of interprofessional patient care teams (1.7), and that there will be a greater demand for continuing education that has an interprofessional focus (1.9). However, when asked about whether the current system provides the basis for meeting the learning needs of pharmacists in 10 years, 27% were neutral, 16% disagreed, 4% strongly disagreed, and 6% were unable to answer.

Respondents were provided with a definition of CPD: Continuing professional development (CPD) involves reflecting and self-assessing one's learning needs; developing a plan to address those needs; enacting the plan; and evaluating and documenting progress and application of learning.

Respondents indicated that the CPD approach/model can target the specific learning needs of individual practitioners (1.9), enhance a practitioner's application of learning into practice (2.0), and improve learning outcomes (2.0). However, when asked if, within the next 10 years, state boards of pharmacy will move toward a CPD requirement for re-licensure, 38% were neutral, 14% disagreed or strongly disagreed, and 10% were unable to answer.

In summary, there was a belief that the current CPE system has positive effects and that CPD holds some promise. However, there was recognition that learning needs are changing, and that the current CE system alone may not fully meet the needs of pharmacists in the future.

Plenary Session: Pharmacist and Pharmacy Technician Educational Needs in the Next 10-15 Years

The first plenary session sought to identify the educational needs that may confront both pharmacists and pharmacy technicians in the future. This session was moderated by Michael A. Moné, vice president, ACPE Board of Directors. Five speakers from different aspects of pharmacy practice presented their views regarding practitioner educational and practice needs in the next 10-15 years. The speakers were: Thomas E. Menighan, American Pharmacists Association; John A. Armitstead, Lee Memorial Health System; Everett McAllister, Pharmacy Technician Certification Board; Steven W. Gray,

Kaiser Permanente; and Jason Ausili, National Association of Chain Drug Stores.

Key points presented by panelists are as follows: Health care is moving toward interprofessional education and interprofessional practice. Thus, CPE should follow this trend and consider ways for the professions to interact in a better and more integrated way. Pharmacy, as well as other health professions, is moving toward an electronic age (eg, the electronic medical record, CPE Monitor, etc.). In this regard, the panel noted ACPE and NABP collaboration on CPE Monitor, and noted that a mechanism to include non-CPE CPD activities in a portfolio-type system would be valuable to explore. Credentialing is becoming more critical for pharmacist practice activities. Accordingly, CPE and CPD should support credentialing and ultimately pharmacists obtaining provider status. External accrediting agencies¹⁴ and other entities are asking employers to document competence of practitioners. Employers are increasingly relying on CPE (and CPD) as a means to achieve compliance with these requirements.

Pharmacy practice is seeing a greater use of pharmacy technicians. In many cases, pharmacy technicians have increased responsibilities above entry-level practice. The military is an excellent model for pharmacy technician training and education.¹⁵ CE for pharmacy technicians is receiving greater attention. From an employer's perspective, a need exists for greater confidence in the quality of CPE as it directly affects patient care in the practice setting. Entry-level PharmD curricula need to be ahead of practice, setting the stage for students to buy into the concept of lifelong learning.

After the plenary session, three breakout groups discussed the question, "How can the value of CPE be optimized over the next 10-15 years?"

Plenary Session: Ensuring Practitioner Competence – Marketplace-driven Changes

This session was designed to identify changes in the health care marketplace that may influence practitioner needs related to the maintenance of competence. This session featured presenters reflecting interprofessional interests as to what their expectations of pharmacists and pharmacy technicians. Dr. Canaday served as moderator. Presenters included: Norman Kahn, Council of Medical Specialty Societies; Kate Regnier, Accreditation Council for Continuing Medical Education; and John A. Pieper, St. Louis College of Pharmacy, and Board of Pharmacy Specialties. Key points raised included the following: Across the health professions, it is becoming more important to facilitate a culture of performance improvement in practice. CPE and CPD can play a large

role in this process. There is a focus on interprofessional health care teams working together in systems. The expectation should also be that the teams should also learn from, with, and about each other. CPE should be viewed as a resource to assist in improving public/population health. A report from the American Hospital Association states that continuing medical education (CME) is a strategic resource for change.¹⁰ This statement may also be applied to CPE.

Plenary Session: Ensuring Practitioner Competence – Evolving Regulatory and Educational Changes

The final plenary session was moderated by John Clay Kirtley, Arkansas State Board of Pharmacy. Four speakers presented thoughts from regulatory and educational perspectives. Similar to the original task force on competence,¹ the panelists explored what would be needed to maintain and enhance competence of pharmacy practitioners in the next 10-15 years. Session speakers were: Lynn Moran, The Joint Commission; Arthur Whetstone, Canadian Council for Continuing Education; Kristin Kari Janke, CPD Steering Committee, ACPE; and Carmen A. Catzone, National Association of Boards of Pharmacy. Speakers suggested the following: The profession must define success with respect to maintenance of competence and the metrics used to measure it. Regulatory bodies (state boards of pharmacy) do not necessarily assess and affirm competence as the original task force¹ regarding continuing education stated. They are there to validate the process (eg, pharmacists achieved the goals of their hours of CE, categories of content, etc.). CPE providers are accountable with respect to the quality of CPE. Again, employers will drive the CPD process as it relates to their overall goals and needs. Self-reporting is not trustworthy. From a regulatory perspective, there needs to be a validation mechanism when it comes to relicensure requirements. A need exists to continue to link ACPE CPE standards and state board of pharmacy requirements for relicensure. A need exists for options other than CPE for recertification/relicensure. It was identified, however, that regulatory authorities do not have the resources and/or infrastructure to document and evaluate non-CPE CPD activities. This will be more employer-driven as it pertains to the patient care goals in a particular practice setting. A need exists to document a competency goal and plan for pharmacists and technicians. Practitioners need to reflect on their educational and practice needs, identify gaps that exist, and formulate plans to address their needs. The pharmacy profession needs to educate students regarding self-reflection, lifelong learning and professional development. Education should start in the

PharmD program. Dedication to CPE and CPD should be seen as a positive habit for pharmacists and pharmacy technicians.

After the second and third plenary sessions, the three breakout groups considered the question, "What next steps should the profession take to ensure practitioner competence based on marketplace and regulatory changes in the next 10-15 years?"

Conference Recommendations and ACPE Follow-up

William A. Zellmer, ACPE conference adviser, moderated the session at the end of the conference aimed at summarizing recommendations arising from the breakout groups. This process was aided by the use of an audience response system to facilitate prioritization of the recommendations of the breakout groups.

A summary of conference recommendations was presented to the ACPE CPE Commission for consideration at its November 2015 meeting. Following discussion and refinement by the Commission, the recommendations were presented to the ACPE Board of Directors for ratification at its January 2016 meeting. The recommendations took the form of multipoint responses to two fundamental questions, as follows:

What next steps should the profession take to ensure practitioner competence based on marketplace and regulatory changes in the next 10-15 years?

Develop internal education and/or credentialing requirements for practitioners that align with specific organizational goals to advance team delivered patient care;

Develop a CPD framework that will support lifelong learning and competency throughout the career of a pharmacist and pharmacy technician;

Lead the development and implementation (through CPE Monitor enhancements) of:

Competency-based self-assessment instruments to assist pharmacists and technicians in identifying their education gaps, and

Storage of documentation of CPE, non-CPE, CPD activities (eg, adult learning transcript/CV) to be available to be viewed by employers, payers, The Joint Commission and other regulatory agencies, etc. (as approved by practitioner).

How can the value of CPE be optimized over the next 10-15 years?

Encourage development of a hybrid CPE/CPD model for maintaining practitioner competence that takes into account the diversity of professional roles and the relative effect of various activities on patient safety and outcomes;

Collaborate with AACP, colleges and schools of pharmacy, and ASHP to educate students and residents in lifelong learning skills/CPD for faculty (including preceptors) and students in professional degree programs and residency programs;
Support research on assessing the value of CPD portfolios in maintaining pharmacy practitioner competence;
Develop a culture of voluntary lifelong learning that accommodates both individualization and practice-specific needs;
Study the current types of CPE activities (Knowledge, Application, and Practice) and hour requirements for enhancements.

These recommendations will be considered further for implementation by the ACPE CPE Commission and the ACPE Board of Directors. Specific action steps will be developed to guide their pursuit.

Conference Closing

Dr. Canaday, and Peter H. Vlasses, executive director of ACPE, closed the conference by thanking participants, speakers, grantors, and conference organizers, and by commenting on how the outcomes of the conference will be considered by the ACPE CPE Commission and the ACPE Board of Directors to frame future CPE and CPD endeavors.

CONCLUSION

This October 2015 invitational conference provided an opportunity to reflect on the 40-year history of the ACPE Continuing Pharmacy Education Provider Accreditation Program, and to seek consensus on how to ensure that accredited CPE and CPD will be well-aligned with the needs of the public and the profession of pharmacy. Through this conference and related activities, pharmacy thought leaders provided guidance to ACPE for the current and future direction of accreditation of CPE providers and the further development of CPD. Conference participants and individuals who study the proceedings will deepen their understanding of the critical external and internal challenges to pharmacy continuing education and accreditation. They will also be inspired to contribute to the ongoing process of ensuring that ACPE accreditation of CPE providers is a constructive force in ensuring that pharmacists and pharmacy technicians have the competencies needed by the public now and in the future.

Participants applauded ACPE for planning the stakeholder conference, and for continuing to focus on the quality of CPE provided to pharmacists and pharmacy technicians. While it was noted that CPE does not

necessarily have a direct relation to an individual's practice, employers have become increasingly interested in CPE and other activities comprising CPD, which relate to their interests in providing better overall patient care. It was further noted that there is a need for increased consistency in requirements across the regulatory sector, particularly as it pertains to defining and accepting quality CPE and its role in ensuring continuing competence of pharmacists and pharmacy technicians.

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Appendix. Conference Attendees

The roster of invited conference participants included representation from the following areas:

- Member organizations of the Joint Commission of Pharmacy Practitioners
- Members of the ACPE Board of Directors and the ACPE CPE Commission
- A diverse range of ACPE-accredited CPE providers
- State boards of pharmacy
- Continuing education authorities in non-pharmacy health professions

Roster of Invited Participants

- Robert Addleton, Vice President, Physicians' Institute for Excellence in Medicine
- Cynthia Boyle, Chair, Pharmacy Practice and Administration, University of Maryland Eastern Shore
- Ashley Branham, Director of Clinical Services, Moose Concord Pharmacy
- Lawrence "LB" Brown, President, American Pharmacists Association
- Jay Campbell, Executive Director, North Carolina Board of Pharmacy
- Joni Cover, CEO, Nebraska Pharmacists Association
- Maryjo Dixon, Sr. Director of Scientific Affairs, Pharmacy Times
- Janice Feinberg, member, American Society of Consultant Pharmacists Foundation
- Joan Fowler, President/Owner, Creative Educational Concepts
- Caitlin Frail, Assistant Professor, University of Minnesota College of Pharmacy
- Diane Halvorson, member, North Dakota State Board of Pharmacy
- Peter Hughes, Director, Continuing Pharmacist and Technician Education, Samford University McWhorter School of Pharmacy
- Kathleen Jaeger, Sr. Vice President, Pharmacy Care and Patient Advocacy, NACDS Foundation
- Caroline Juran, Executive Director, Department of Health Professionals
- Janet Liles, Executive Director, Pharmacy Technician Educators Council
- Paul Lofholm, pharmacist, American Pharmacists Association
- Lynnae Mahaney, Executive Director, the Center for Pharmacy Practice Accreditation
- Edward McGinley, President, NABP
- Scott Meyers, Executive Vice President, Illinois Council of Health-System Pharmacists
- Miriam Mobley Smith, Dean, Chicago State University College of Pharmacy
- Jennifer Moulton, CEO, the Collaborative Education Institute
- Daniel Nam, Director of Member Engagement and Business Development, Pharmacy Quality Alliance
- Warren Narducci, pharmacist, Think Whole Person Healthcare
- Matthew Osterhaus, pharmacist, Osterhaus Pharmacy
- Nancy Perrin, Sr. Director, Professional Development, American College of Clinical Pharmacy
- John Ressler, Director of Academic Programs and Professional Development, American Association of Colleges of Pharmacy
- Edith Rosato, CEO, Academy of Managed Care Pharmacy
- Brenda Schimenti, Executive Director, College of Psychiatric and Neurologic Pharmacists
- Terry Seaton, President, American College of Clinical Pharmacy
- Steven Simenson, President/Managing Partner, Goodrich Pharmacy
- Rubina Singh, Vice President of Education and Training, Academy of Managed Care Pharmacy
- Joan Straumanis, public member
- Donna Wall, clinical pharmacist, Indiana University Hospital
- Jan Wong, National Accreditation Specialist, VHA Employee Education System

Speakers

- John Armitstead, President, American Society of Health System Pharmacists, and System Director of Pharmacy, Lee Memorial Health System
- Jason Ausili, Director, Pharmacy Affairs, National Association of Chain Drug Stores
- Carmen Catizone, Executive Director, National Association of Boards of Pharmacy
- Steven Gray, Pharmacy Professional Affairs Leader, Kaiser Permanente
- Kristin Janke, Professor and Director, Wulling Center University of Minnesota College of Pharmacy
- Norman Kahn, Executive Vice President and CEO, American Board of Medical Specialties
- Everett McAllister, CEO and Executive Director, Pharmacy Technician Certification Board
- Thomas Menighan, Executive Vice President and CEO, American Pharmacists Association
- Lynn Moran, pharmacy surveyor, The Joint Commission

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John Pieper, President, St. Louis College of Pharmacy
Kate Regnier, Executive Vice President, Accreditation Council for Continuing Medical Education
Arthur Whetstone, Executive Director, Continuing Competency, Ontario College of Pharmacists

ACPE CPE Commissioners

Tammie Armeni, CE Director, Pharmacist's Letter
Richard Artymowicz, Director of Pharmacy Services, Cape Regional Medical Center
Dennis Brierton, Director of Clinical Pharmacy, Aurora Health Care
Shelby Englert, Associate Vice President, Education & Training, American Pharmacists Association
Tian Merren Owens, Director of Continuing Education, Florida Pharmacy Association (chair)

ACPE Board Members

Bruce Canaday, Dean, St. Louis College of Pharmacy (president)
John Kirtley, Executive Director, Arkansas State Board of Pharmacy
Michael Mone, Vice President, Supply Chain Integrity and Sr. Regulatory Counsel, Cardinal Health (vice president)

ACPE Consultants

Anne Marie Kondic, Executive Director, Community Pharmacy Foundation (CPE)
Beenish Manzoor, ACPE CPE consultant (CPE)
Jann Skelton, Silver Pennies Consulting (Communications)
Dawn Zarembski (CPE)
William Zellmer (Conference Advisor)

ACPE Staff

Cynthia Avery, Director of Operations
Jennifer Baumgartner, Assistant Director, Continuing Pharmacy Education Provider Accreditation Program
Angela Campbell, Accreditation Coordinator, Continuing Pharmacy Education Provider Accreditation Program
Mike Rouse, Assistant Executive Director, Professional Affairs, and Director, International Services
Dimitra Travlos, Assistant Executive Director, and Director, Continuing Pharmacy Education Provider Accreditation Program
Anna Treudt, Accreditation Coordinator, Continuing Pharmacy Education Provider Accreditation Program
Peter Vlasses, Executive Director
Jeffrey Wadelin, Associate Executive Director