

Why a first degree is not enough for life

Jennifer Archer reports from a session jointly organised by the Hospital Pharmacy Section and the Young Pharmacists Group

Judging by the number of participants who chose to attend this session, the topic of reaccreditation was of great interest. Three speakers approached the theme from different aspects and from their countries' own perspectives and experiences. This broadened the horizons of the audience, gave practical advice, hints and tips, an opportunity to share experiences and to learn from others.

Ann Lewis, Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, gave the initial presentation, entitled "Setting the scene — why accreditation?". She reminded the audience that accreditation of professionals has been established for over 150 years. Everyone is in agreement that the main purpose is to protect the public and to provide standards to achieve recognition, entitlement to practise, privileges and responsibilities. She emphasised that most professionals — whether pharmacists, doctors or lawyers — want to be good professionals.

Miss Lewis painted a picture of accreditation developments, taking the audience back to the turn of the last century and reminding them that pharmacists were mostly engaged in compounding, dispensing medicines and producing formulations; a prescription dispensed in the 1920s would have been recognisable in the 1950s, she said.

Although in the 1950s *secundum artem* was still the foremost skill of a pharmacist and the initial qualification for most professionals was thought to be a qualification for life, that was all about to change, said Miss Lewis. Industry taking over production of medicines around this time, followed by significant scientific and technological developments from 1986 to 2005, had led to the need for "the scientist on the high street" today. The rapidly increasing pace of change, new and innovative medicines based on biological rather than chemical entities, and the role of the pharmacist changing to provide cognitive services with proactive clinical interventions has also led to a greater need to keep up to date and demonstrate it. "So, a first degree is not enough for life," Miss Lewis declared.

She further illustrated the need for maintaining fitness to practise by describing other reasons and factors to support this: new areas of practice, new services, new terminologies and culture, location and manner of practice, the need to minimise risk, the impact of the Kennedy report, Ledward, Shipman, and — last but not least — the focus of and changes in regulation.

Mike Rouse, assistant executive director of the Accreditation Council for Pharmacy Education, US spoke on addressing accreditation standards and assuring competence, and asked who is responsible. There seems to be a consensus that we all are, he said. He then explored models for regulation of education,



Ann Lewis: need to keep up to date

training and practice of pharmacists and provided an example of accreditation in the US. He spoke on how to define and assure quality, and on emerging models that aim to assure lifelong competence, emphasising the challenge that is presented to everyone and the role of voluntary accreditation bodies. This is a complex area and Mr Rouse spent some time defining some of the terms used to enable a common understanding and a recognition that although one country may use the same words these may often have a different meaning or interpretation.

Mr Rouse succinctly explained his concept of "the continuum of education". He said that, for pharmacists — as with all professionals — education must be regarded as a continuum. "Although an appropriate, competency-based education can prepare a pharmacist to enter practice, no professional programme can provide or develop all the

knowledge, skills, attitudes and values that a pharmacist will ever need," he declared.

The final presentation, "Implementation, barriers and reactions to relicensing", was given by Ivana Silva, from Portugal. Her presentation was based on actual experience of designing and implementing a relicensing process for Portugal. Lessons learnt had a different focus from any other work done in this area, and Ms Silva's discussion was based on taking a "clean sheet of paper", rather than reworking something already in existence. The new process was designed in conjunction with pharmacists and pharmacy professional bodies. The work included getting legal approval and then implementing it the process. It started in November 2001.

Ms Silva went on to say that, although everyone worked together on the process and agreed the outcomes, the following sorts of comments were frequently heard between 2001 and 2004: "I have done so many courses in the past and now you start evaluating it." "I have just graduated from university." "How much is this going to cost me?" "Are you going to take away my professional licence to practise?"

Then, in 2004, something changed and the comments were more likely to be along these lines: "I am considering taking course X; will this be acceptable for accreditation?" "When do I start?" "How many CPDs do I have?" "Have you received my information?" These indicated the tide was changing, she said. Comments from the audience supported this: "Reaccreditation is accepted over time and people do engage with it eventually," was the consensus. Ms Silva then shared some of the findings from Portugal (see Panel).

Concluding, she emphasised: "Changing behaviours takes time, but do not mistake motion for action and do not take silence as inaction."

SWOT analysis of reaccreditation process in Portugal

Strengths

- Nationwide survey on CPD
- Discussion sessions throughout the country
- Progressive inclusion of pharmacists
- Committee composed of experts from different professional areas (key people)
- Not imposing mandatory areas of training
- Including non-formal/vocational activities

Weaknesses

- Implementation only happened in practice after six months
- Some inefficiency in information management
- Ongoing changes in the accreditation process (due to refinements and adjustments needed)
- Need for better communication with members
- Administrative burden

Opportunities

- Identify education and training needs
- Raise awareness of widening education and training options
- Reinforce strategic areas for the profession (QA, pharmaceutical care)
- Promote discussion about competencies and the future of the profession
- Provide evidence of CPD

Threats

- Change mindset from "mandatory" to "need"
- Include all practising pharmacists (not only newly registered pharmacists)
- Co-ordinate internal action (regional structure and professional colleges)
- Monitoring and audit
- Dealing with non-compliers
- Assessing the impact in health gain