

Pharmacy Continuing Education: 40 Years Ago to Now

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In *The Annals of Pharmacotherapy's* 40 year history, the field of pharmacy continuing education has seen many changes, and the journal has been a mirror to this evolution.

Clinical pharmacy took life in the early 1960s as pharmacy education began to shift its focus from the drug product to the patient and the role of the drug product. The American Council on Pharmaceutical Education (now, Accreditation Council for Pharmacy Education; ACPE; www.acpe-accredit.org) standards for the professional degree programs in pharmacy, as revised in 1960, mentioned for the first time both the 5 year BS degree and the 2 year (minimum) preprofessional and 4 year professional PharmD degree options. By 1974, separate and distinct BS and PharmD standards were formulated by ACPE. As of 2000, the PharmD standards are the only standards that apply to newly entering students into colleges and schools of pharmacy in the US, with the BS programs being phased out over the subsequent years as students who had enrolled prior to 2000 graduated. The concept of competency-based education, promoted by the American Association of Colleges of Pharmacy (AACP) in the late 1970s, is now the basis for the PharmD standards. To develop and maintain contemporary competencies, pharmacy practitioners of all ages needed to place directed attention to their continuing education.

Movement to Mandatory Continuing Education

Other forces at play in the 1960s impacted the evolution of the concept of continuing education in all health professions, including pharmacy. Although the need for lifelong learning was undoubtedly part of pharmacists' lives in practice as they responded to new developments and extension programs in colleges and schools of pharmacy that had been around since the early 1900s, several factors at play at that time forged growing interest in the field of formal pharmacist continuing education. After World War II,

veterans requested refresher courses from colleges and schools of pharmacy in order to restore their confidence to practice. The professional societies, the pharmaceutical industry, and proprietary groups also responded to this need. About the same time, there was an explosion of biomedical and pharmaceutical knowledge, driven by the advent of the randomized, double-blind, controlled trial as the gold standard for what we now call evidence-based practice. New and more complicated pharmaceuticals were being developed at unprecedented rates. Most importantly, the efficacy of voluntary continuing professional education was questioned in US government reports between 1967 and 1971 (from the then Department of Health, Education and Welfare) that described growing concerns of "professional obsolescence" in the medical and allied health professions.

All of the factors noted above, but especially the public outcry concerning the need for practitioner competence to be regulated at the state level, led to the concept of "mandatory" continuing education, even though the evidence to support the concern was lacking. In 1965, Florida was the first state that required continuing education for relicensure. In the early 1970s, the AACP and the American Pharmaceutical Association (now American Pharmacists Association; APhA) Task Force on Continuing Competence in Pharmacy deliberated and reported on its assessment of the continuing education needs of the profession. In 1974, the National Association of Boards of Pharmacy (NABP) passed a resolution supporting mandatory continuing education for relicensure. That same year, the APhA requested ACPE to develop a system of quality assurance of pharmacy continuing education. A year later, ACPE expanded its quality assurance activities by releasing its standards for providers of continuing pharmaceutical education. The Continuing Education Unit (CEU) prepared by a national task force from many academic settings was selected as the basis of measurement for individual attainment of statements of credit for relicensure. Today, all US states and territories have legislation mandating pharmacy continuing education for relicensure. ACPE initially recognized 72 providers in 1978 and now accredits 409 providers of continuing pharmacy education, which include colleges and schools of pharmacy; local, state, and national phar-

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macy and other healthcare profession associations; publishers; proprietary education companies; hospitals, health systems, and consortia; government agencies; and others. Today, the majority of ACPE-accredited continuing education statements of credit for pharmacists are distributed by publishers of pharmacy journals.

***The Annals of Pharmacotherapy* and Continuing Education**

Throughout its evolution from *Drug Intelligence* and *Drug Intelligence and Clinical Pharmacy* to the present, the leadership of *The Annals of Pharmacotherapy* has been committed to pharmacist continuing education and the fostering of innovative and patient-centered practice and research. The journal was recognized as meeting the ACPE standards for continuing education in the first group of providers so recognized in 1978 and has been continually recognized by ACPE. Today, the name of the accredited continuing education provider unit of *The Annals* is PharmaCE, which can be accessed either through its own Website (www.pharmace.com) or through *The Annals* Website (www.theannals.com). Current educational consultants to PharmaCE are Nancy F Fjortoft PhD, Peggy G Kuehl PharmD FCCP BCPS, David A Riley EdD, Ginger G Scott PhD, Michael C Shannon PhD, and Robert B Supernaw PharmD.

Personal Perspectives: The Past

As I have “grown up” in my career, *The Annals of Pharmacotherapy* has always been a trusted and relied upon continuing education companion. As a PharmD student and then clinical pharmacy practitioner/educator in the early 1970s, I found that the journal, more than any other publication, focused directly on my educational needs. Reviews on newly released therapeutic agents, as well as authoritative reviews on the management of particular disorders, served me very well in educating patients and other healthcare practitioners. Copies of these articles, along with the original research papers, were frequently brought to a rounding team as the basis for my recommendations. House staff and attending physicians many times requested copies of the reviews from *The Annals of Pharmacotherapy* or its predecessors, citing their interest in the clear and directly applicable guidance provided for the drug therapy management of patients. Pharmacy and therapeutic committee reviews and formulary decisions were underpinned by publications from the journal. As a clinical faculty member, I found that the articles provided me with excellent content for my lectures, case study discussions, and information to share with students and residents.

Over the years, I have been privileged to serve as an author (reviews, case studies, editorials, research findings) and a manuscript reviewer for *The Annals*. I was honored

to serve as the chairman of the Editorial Board for the journal from 1987 to 1999, at which time I resigned my duties as a condition of employment at ACPE. During that time and through today, the journal has enjoyed the active involvement and support of a vast array of nationally and internationally known experts in their respective areas of pharmacotherapy. Along the way, I (and perhaps others) proposed to my friend and colleague, Harvey Whitney, that the journal name be changed to *The Annals of Pharmacotherapy*. Although my present professional responsibilities have removed me from the patient care arena, as I review recent journal editions, I believe *The Annals of Pharmacotherapy* continues its strong emphasis of supporting pharmacists in their patient care roles while holding onto a strong and evolving commitment to the publication of original research relevant to the field.

Personal Perspectives: What's Next?

Today's healthcare environment is rapidly changing and increasingly complex, with greater societal needs and expectations and calls for greater accountability within the health professions for assuring competence of its practitioners. The latter has been driven primarily by public outcry due to medication-related problems that have led to major adverse consequences in high-profile people and the publicized results of research studies that document the extent and outcomes of drug overuse, misuse, and underuse in society. As a result, there have been calls in recent years to reexamine whether continuing education alone can address these problems. In this context, Robertson et al.¹ examined whether research supports the effectiveness of continuing education and, if so, for what outcomes. They found that the literature does provide evidence that, in controlled studies, continuing education can be shown to support improvement in practitioner knowledge, skills, attitudes, and behaviors, as well as in patient health outcomes. They also examined the effectiveness of various kinds of continuing education and found that continuing education is most relevant when it is ongoing, interactive, contextually relevant, and based on needs assessment.

There are still questions needing answers. How can continuing education offerings of accredited continuing education providers, including *The Annals of Pharmacotherapy*, evolve in the name of quality improvement? What role can the Internet play in fostering more interactivity with the learner? How can ongoing “communities of learners” be developed to foster ongoing group discussions of applications of materials learned in a continuing education offering?

To augment the current continuing education model, US pharmacy has begun to explore the place of a concept called continuing professional development (CPD). Rouse² has published an excellent review of CPD, including the experiences of other countries that have moved to imple-

ment it as a quality improvement step in addressing maintenance of professional competence in pharmacy. CPD is an ongoing, self-directed, structured, outcomes-focused cycle of learning and personal improvement. It is not a replacement for continuing education but rather a system of professional development that utilizes continuing education in a more directed manner. CPD involves repeated quality improvement cycles involving learner needs reflection and development of an action plan (that will likely include continuing education offerings from accredited providers), followed by action on and evaluation of the effectiveness of the plan in achieving desired outcomes (eg, practice enhancement, patient outcome improvement). CPD aims to ensure that pharmacists develop and maintain the competencies required to practice effectively and safely in their specific area of professional practice; improve their personal performance; and contribute, either directly or indirectly, to improved patient and public healthcare outcomes. The CPD cycle is chronicled in a personal portfolio, appropriate elements of which can be shared with employers, insurance companies, regulators, and others, as needed. CPD has been discussed by the Joint Commission of Pharmacy Practitioners, and policy or statements regarding CPD have been developed by NABP (2003), AACP (2003), ACPE (2003), American Society of Health-System Pharmacists (2004), and APhA (2005). Where do

accredited continuing education providers, including journals such as *The Annals of Pharmacotherapy*, fit into the CPD model? How will they interact with the pharmacists they currently serve with continuing education offerings? Will other programs and services be required of accredited continuing education providers? These questions, as well as other issues aimed at achieving quality improvement in the continuing education arena, are being actively explored within the profession.

I am confident that *The Annals of Pharmacotherapy*, based on its 40 year history of excellence in supporting the continuing education needs of patient care-minded pharmacists, will continue to evolve in a positive manner and address many of the questions that have been posed in this section, for the good of our patients and our profession.

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