

MicroSCOPE

Special Edition, September 2022

**In Development,
Seeking Focus Group
Participants:**

**Revising
SCPP's
Competency
Assurance
Program**



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

introduction

As the regulator for pharmacy professionals in Saskatchewan, SCPP has a legislative responsibility to ensure that pharmacists and pharmacy technicians are competent at entry to practice and remain competent throughout their career to provide the public with safe, quality, and ethical care.

Like many regulatory authorities across the health professions, as an historical first step towards fulfilling this responsibility SCPP introduced mandatory Continuing Education (CE) as a core competency requirement in the 1970s.

There are several challenges with mandatory CE which are leading regulatory authorities to revise their CE-based Competency Assurance Programs (CAP), including SCPP. The following provides an explanation of changes being proposed by the Competency Assurance Task Force. It is emphasized, however, that there are no changes to SCPP's current requirements and on-going membership feedback is being sought as SCPP develops its proposed revisions. As several of the terms used may be unfamiliar to members, a list of definitions is provided at right.

Why do we need to modernize CAP?

Available evidence from the health professions shows that the traditional, self-selected CE system has limited effect on improving practice (Davis et al 1999, Forsetlund et al 2009).

This is due to several issues, including that this type of CE does not support health professionals in their ability to select and complete CE that targets specific areas requiring practice improvement. Health care professionals have difficulty accurately self-assessing their practice strengths and areas for growth, and, therefore, tend to select CE based on existing interests or availability (Eva and Regehr 2005 & 2008, Norman 1999). Further, when completing such CE, they selectively retain information that supports their current understandings, while discounting contrary information.

Both paths challenge a health professional's ability to truly learn and apply new information to change and improve practice.



Terms and Definitions

Continuing Education (CE):

Although CE is formally defined as structured, teacher-designed learning activities that are intended to increase the knowledge, skills and/or competence of pharmacy professionals, CE is more widely considered to be any learning activities that are undertaken by pharmacy professionals over the duration of their careers (Chan 2002). CE learning activities include those that are accredited and those that are not accredited and include, but are not limited to, conferences, courses, structured independent study programs, teaching, writing/reviewing manuscripts, etc.

Continuing Education Units (CEU):

Are awarded after the completion of learning activities, including learning through formally accredited CE and non-accredited learning activities, and are based on the time spent learning.

Continuing Professional Development (CPD):

CPD is a self-directed ongoing, systematic process to maintain and enhance the quality of pharmacy professional's practice in both their current and anticipated future professional responsibilitiesⁱ. A number of models of CPD are available with most including variations of five components: CPD is based on an assessment of needs and goals (REFLECT), generates a personal development plan (PLAN), leads to learning (LEARN), is implemented into practice (APPLY), and is evaluated for achievement of goals (EVALUATE).

Practice Improvement (PI):

Is an advanced form of CPD that guides and supports pharmacy professionals through the processes of using practice quality data to improve performance in targeted areas of practice. PI expands on CPD by including external feedback on practice quality and coaching to support effective use of quality feedback.

ⁱ Adapted from Baumgartner J et al 2020

background

Best Practices in CAPs

Regulatory Authorities have taken a range of approaches to address the limitations of self-selected CE to assure the continuing competency of health professionals. For SCPP members, support in selecting CE was given by introducing principles from the Continuing Professional Development (CPD) process.

These include reflection to identify practice issues requiring improvement and consideration of the outcomes of CE. Despite these efforts in members' mandatory CE programs, health care professionals have continued to be challenged to accurately self-assess their practice and to select CE that effectively targets practice improvement.

CPD programs have, therefore, evolved to focus on members collecting and analyzing data from their practices to identify practice issues for improvement and to guide their learning.

In addition to these changes to members' responsibilities, Regulatory Authorities within and beyond pharmacy have also modified their regulatory programs, trialing audit programs, on-site practice assessments, multiple-choice tests and, most recently, programs coaching members to interpret, accept and act upon feedback provided about their practice quality ([MCC 360 with coaching, CPSO Coaching](#)).

Feedback on measures of quality, including patient experience, health outcomes and care value are increasingly being provided, with health professionals held accountable for improving their performance in these areas. Patients' experience of the quality of care they receive is measured through Patient-Reported Experience Measures (PREMs) across many health systems and professions. Such PREMs are often one component of multi-source, 360 feedback.

Other components used by, for example, the [College of Physicians and Surgeons of Saskatchewan](#) and the [College of Dietitians of Ontario](#), include peer and colleague feedback.

Terms and Definitions

Self-Assessment:

A personal, unguided reflection on performance for the purposes of generating an individually derived summary of one's own level of knowledge, skill, and understanding in a particular area (Eva and Regehr, 2008).

Quality Health Care:

Widely measured via the Institute of Healthcare Improvement's Triple Aim of improving patient health, patient experience and value ([IHI Triple Aim](#)), often modified to the Quadruple Aim by adding healthcare provider joy at work (Feeley D 2017, Sikka et al 2015).

Patient-Reported Experience Measures (PREMs):

As one of the Quadruple Aims for quality health care, PREMs are patient provided feedback on their experiences when receiving health care and health care services. PREMs are provided directly by patients and reflect their perceptions of whether they received the care and services important to them, in the way that they wanted.

360 Review:

A performance assessment system where patients, peers and other health care professional colleagues provide feedback on different aspects of care provision. Traditionally patient feedback focuses on the range and manner of provision of care and services, with emphasis on communication skills, professionalism, and advocacy. Peers and other health care professionals also provide feedback on these skills but add feedback on collaborative care skills and health care expertise.



Guiding Principles of SCPP's Proposed Revised CAP

SCPP's revised CAP is being built on the above best practices and aims to encourage pharmacy professionals' engagement and valuing of competency assurance activities. It is being developed with focus on what matters most to patients and pharmacy professionals.

Proposed revisions to SCPP's CAP modify both members' responsibilities for maintaining their competence to practise and SCPP's programs to ensure members remain competent. The principles guiding SCPP's proposed changes are to:

- Align with best practices and evidence from across the health professions
- Align with the priorities of Saskatchewan's health care system
- Prioritize the unique strengths of Saskatchewan pharmacy professionals
- Support pharmacy professionals to improve their practice

Provide your feedback

Community pharmacists and pharmacy technicians interested in participating in CAP Focus Groups during the week of Sept. 19 are invited to use the **button below** to indicate their interest, **by Sept.13**.

Participants:

- should be actively practising community pharmacy professionals.
- will be required to view a 60–75-minute webinar outlining the proposed CAP to provide general practice information in advance of the session.
- will need to consider a series of questions in preparation for discussion at the Focus Group.

You may expect to receive a [per diem for half-day](#) of your time spent at meetings.

I'm Interested

in development

SCPP's Vision for the CAP

The outline of SCPP's proposed CAP is shown in Figure 1, and proposes:

Members' responsibilities (in green) transitioning from being CEU-based to being CPD-based, including members analyzing data from their own practices to drive their learning. Members would be required to maintain useful documentation of their CPD on an annual basis, although a given project that a member undertakes as part of their CPD could be completed over much shorter time periods (for example, over one to two months).

SCPP's programs (in blue) would introduce an intermittent guided Practice Improvement (PI) program that members would be required to complete on a regular basis (at least

once every five to seven years). The guided PI is a program that members would enter when selected by SCPP and, when completed, the PI program would terminate for the member until they are required to go through a PI program again several years later.

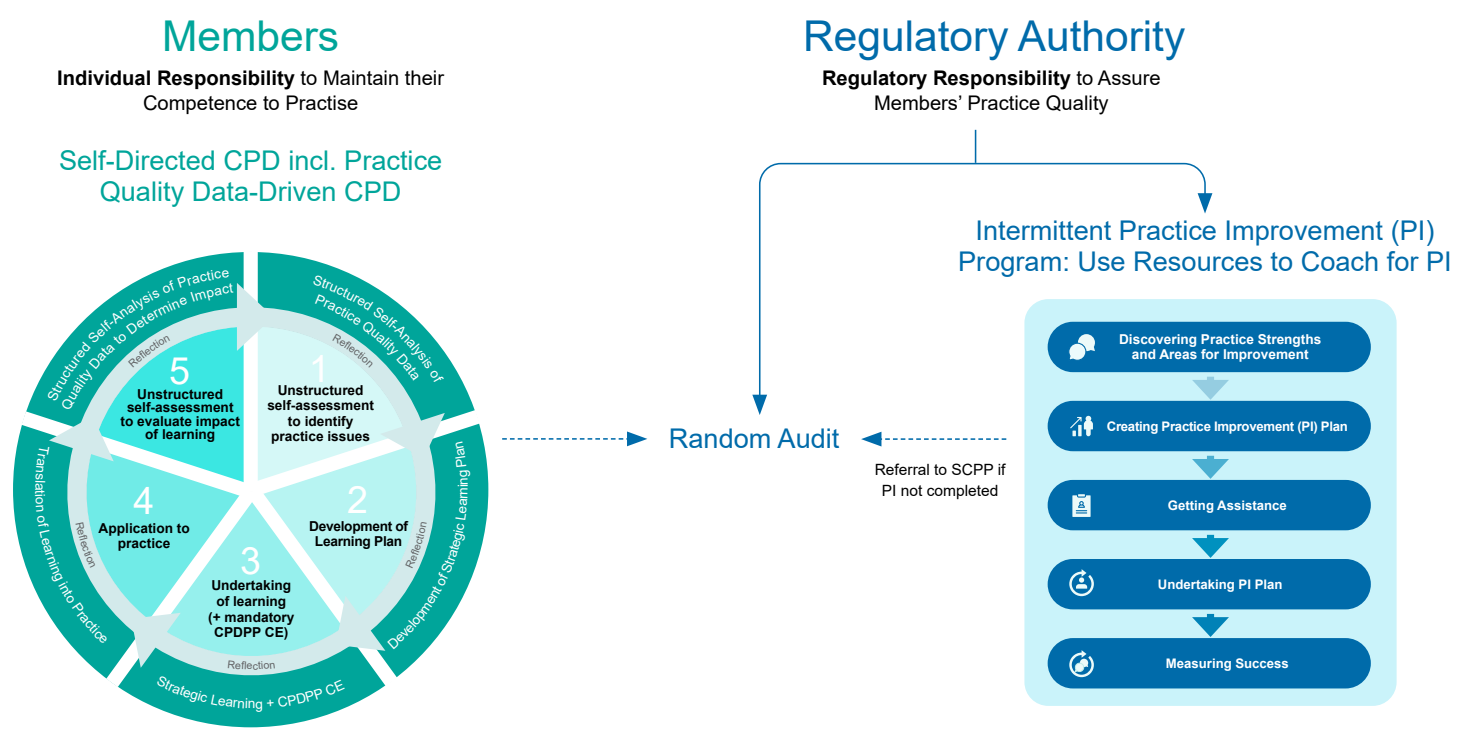
For clarity, completing a PI program in a given year would fulfill a member's

requirement for annual completion of CPD.

SCPP would randomly audit members' documentation of CPD and PI completion and would also follow-up on any members who do not complete the PI program as required.



Figure 1: Proposed Outline for SCPP's Revised Competency Assurance Program – Click to Enlarge



Digging Deeper: Practice Improvement; Focus on Quality

Within SCPP's proposed Intermittent PI program, members would work with SCPP to collect and receive feedback on the quality of their practice, and then would be guided through analysis of this feedback and development of practice improvements plans by working through PI modules being developed by CPDPP.

As a starting point, SCPP is proposing to focus on collecting patient feedback on their experiences receiving care and services at community pharmacies via PREMs. A second phase is proposed for hospital pharmacy professionals, where pharmacy peers and non-pharmacy colleagues would provide practice quality feedback in a modified 360 format.

Subsequent phases would introduce the use of other practice quality measures for pharmacy professionals, such as quality of minor ailments management or safe opioid dispensing for example, once these measures are validated and more easily available for feedback to pharmacy professionals.

The following provides a brief description of the proposed steps in the PI Program:

• Discovering Practice Strengths and Areas for Improvement

- ▶ **Community Pharmacy Patient Feedback:** PREMs have patients selected by the pharmacy team providing feedback on whether, for example, sufficient time was spent with them, whether their questions were answered in an understandable way, whether they were treated in a manner that respects their culture and gender, and their confidence in knowing why and how they should take

their medications. This feedback would be provided to the community pharmacy team in a way that is anonymous, respectful, understandable, manageable, aims at improving practice, and focuses on the team's daily practice, with the team working together for improvement.

- ▶ **Hospital Pharmacy Peer Feedback:** Peers and non-pharmacy colleagues would provide feedback on an individual pharmacy professional's fulfillment of key professional competencies. For example, their perspective on a pharmacy professional's expertise, management of patients' important drug-related issues, or effectiveness of collaboration and inter-professional communication. This feedback would be provided following the same principles as patient feedback to community pharmacy professionals.



- **Creating Practice Improvement (PI) Plans:** Use of practice quality feedback would be supported through structured PI modules provided by the CPDPP. After analyzing this feedback, members would develop a PI plan including setting SMART goals, selecting improvement strategies, and identifying CE programs for completion.



- **Getting Assistance:** CPDPP coaches would review members' PI plans to ensure plans are feasible, manageable, and engaging. Assistance would be offered to members – where needed – to modify plans.

Discovering Practice Strengths and Areas for Improvement

Creating Practice Improvement (PI) Plan

Getting Assistance

Undertaking PI Plan

Measuring Success



- **Undertaking PI Plan:** Members would undertake their PI plan, including targeted CE, implementation of new procedures, or new policies, or other strategies to improve performance.



- **Measuring Success:** Repeat measurement of the practice quality data (PREMs for community pharmacy professionals and peer / non-pharmacy colleague feedback for hospital pharmacy professionals) would evaluate the impact of the PI plan. A positive impact is not a requirement for a successful PI plan, with no or negative impacts providing members valuable insights as to the causes and potential strategies to improve practice quality.

Plans and Timing

SCPP is looking for discussion and feedback on the proposed revisions in the CAP. Please see below for upcoming sessions and timelines. See Page 4 for details on how you can participate to help shape the new CAP or click the button below!

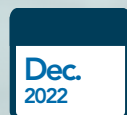


7-8:30 pm Focus Groups

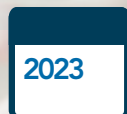


10-11 am CSHP Saskatchewan-Branch AGM update on SCPP's revised CAP.

I'm Interested



Presentation/update of CAP to SCPP Council.



Further broad stakeholder consultation coming. Stay tuned for further announcements in SCOPe and on our home page.

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