

## A Cross Sectional Survey of UK Community Pharmacists' Views on Continuing Education and Continuing Professional Development

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### Abstract

**Objectives:** To investigate pharmacists' attitudes and approaches to continuing education (CE) and continuing professional development (CPD).

**Methods:** A pre-piloted self-administered postal survey was distributed to all registered community pharmacists residing in the counties of Hampshire and the Isle of Wight, United Kingdom (n=573). Repeat mailings were conducted after four weeks to non-responders. The survey was divided into five sections representing three themes: understanding of CE and CPD, extent of participation, and attitudes toward CPD.

**Results:** Three-hundred and twelve surveys were received but 41 were unusable, leaving 271 to be analyzed; a usable response rate of 47%. Sixty-one per cent of respondents had a clear understanding of continuing education compared to just 21% (n=58) for CPD, although female respondents had a significantly better understanding of CPD. The Pharmaceutical Journal was the main source used by respondents for their CE/CPD needs. Over three quarters (78%, n=211) of respondents had conducted some CE/CPD in the last 12 months but only 32% completed 30 or more hours CE/CPD as advised by the professional body, the Royal Pharmaceutical Society of Great Britain (RPSGB). Locum pharmacists and proprietors were most likely not to have undertaken any CE/CPD. Competence reassessment was seen as the most appropriate way to address non-compliance with CPD when the RPSGB make it mandatory.

**Conclusion:** There is considerable variation in current levels of understanding and participation in CE and CPD amongst UK community pharmacists that were sampled.

**Key Words:** Community pharmacy, continuing education, continuing professional development

### Introduction

The concept of maintaining and improving clinical competence is not new. Professional bodies throughout the world have for sometime stipulated that their members should engage in continuing education activities to ensure fitness to continue to practice.[1-2] The RPSGB (the UK's professional and regulatory body) refers to CE (continuing education) as "the traditional methods of learning such as attending workshops, following diploma or distance learning courses, or structured reading." [3] However, it has become increasingly recognized that CE does not necessarily equate to learning, and gaps in knowledge and skills may well exist. It is through these shortcomings of CE that CPD (continuing professional development) is increasingly being adopted by the profession world-wide as being the one way to ensure professional competence.[4]

Many definitions of CPD exist, but is exemplified by the definition in a UK (United Kingdom) government white paper entitled, A First Class Service, as "a process of lifelong learning for all individuals and teams which meets the needs of patients, delivers the health outcomes and health care priorities of the population, and which enables professionals to expand and fulfill their potential." [5] More specifically, CPD as defined by the RPSGB states "CPD includes everything that a pharmacist learns which makes his or her better able to do his or her job. It is a cyclical process of reflection, planning, action and evaluation." [3] CPD therefore differs from CE, which is just one element of the CPD process [6-7] and is all about developing one's practice. The question should be what am I going to do differently tomorrow as a result of today's CE experience, which in effect, is then CPD.

The adoption of CPD rather than CE has been, in part, influenced by government expectations of all health care providers to ensure high standards of health care are delivered.[5,8] Furthermore, the current CPD requirements for members from many countries is moving from a voluntary to a compulsory undertaking.[6,9-10] The Canadian National Association of Pharmacy Regulatory Authorities has introduced a national mandatory competency assessment for re-registration recently and the RPSGB will introduce a mandatory system based on portfolio of evidence in 2004/5.[11] Despite these significant educational developments affecting the profession there has been little published regarding the attitudes, perceptions, and understanding of pharmacists about CPD.

Mottram et al[12] and Bell et al[13] surveyed practicing pharmacists in England and Northern Ireland from all sectors of the profession in 2000 and 2001. Respondents from both studies were deemed to have a good understanding of what constituted CPD (61% and 57% respectively) and they also believed CPD to be essential, but a lack of time was cited as the main obstacle in completing CPD.

This study differs from previously published work as the target population consisted solely of community pharmacists. This decision was taken because during the CPD pilot organized by the RPSGB education department, community pharmacists were found to be the most difficult group to recruit.[14] It was therefore thought prudent to concentrate on determining community pharmacists attitudes and approaches to CE/CPD as this group appears to be the least motivated to comply with RPSGB requirements to remain professionally up-to-date.

## Methods

All community pharmacists residing in two counties of central Southern England (Hampshire and the Isle of Wight) were asked to complete a self-administered postal survey in 2002. These counties were chosen as they had not been selected by the RPSGB in any CPD pilots and thus represented a cohort of pharmacists whose attitudes and beliefs were not subject to unnecessary bias. The names and addresses of the sample population were obtained from the RPSGB database as those pharmacists who stated they were primarily employed in the community sector. This yielded a sample size of 573. Prior to the survey being distributed a 5% random sample was obtained and used to pilot the survey.

The survey (Appendix 1) consisted of three sections. Section A (Section 1 on survey) sought demographic information from respondents; Section B (Sections 2, 3 and 4 on survey) focused on the respondents' understanding of CE and CPD, the resources they used to complete their CE/CPD and to what extent they participated in CE/CPD; and Section C (section 5 on survey) investigated respondents' attitude toward CPD and how they undertook and recorded it. Questions on the survey instrument consisted mainly of multiple response and closed questions, although a small number of open-ended questions were used to allow respondents to express their views to avoid introducing bias. Analysis of this data was investigated for themes and reorganized with similar responses grouped together.

Quantitative data were analyzed using SNAP version 6 (Mercator) questionnaire analysis package. Statistical tests were conducted using Minitab 13 (Minitab Inc.) chi-square analysis.

## Results

Three hundred and twelve surveys (55%) were returned after two mailings. However, 32 of the surveys were returned from retired pharmacists and 9 from pharmacists who no longer worked in the community sector. These surveys were excluded from analysis resulting in a usable response rate of 47% (n=271). Table 1 illustrates the demographic details of respondents.

A higher response rate was observed for women than men, although this was expected as it reflects the national figures for registered practicing community pharmacists in 2001.[13] Respondents, in terms of years registered, were normally distributed across the age groups. A breakdown for practicing community pharmacists was not available for the period of registration; although, when compared to that observed for all pharmacists on the UK register in 2001, no significant differences were noted.[15] Half of the respondents stated they were employees and only 15% classified themselves as owners. These results showed no significant differences to the latest workforce census conducted in 2002.[16] Just over half of the respondents (51%, n=138) stated they worked on a part-time basis (part-time being defined as working less than 35 hours a week as quoted in Hassell et al [17]), which

was significantly higher ( $X^2$  value = 17.6, df = 1,  $p < 0.001$ ) than the 2001 register data. [13] Further sub-analysis of the demographic data did show some statistically significant variation: more women respondents worked part-time ( $X^2$  value = 68.7, df = 1,  $p < 0.001$ ) than male respondents; female respondents were more likely to be employee pharmacists ( $X^2$  value = 27.2, df = 2,  $p < 0.001$ ); and, were less likely ( $X^2$  value = 23.1, df = 2,  $p < 0.001$ ) to own their own pharmacy. Just less than one-quarter of respondents held a further health-related qualification other than their professional qualification.

**Table 1.** Demographics of Respondents

Demographic Variable	Number of respondents
Gender (n=271)	No. (%)
Male	113 (42)
Female	158 (58)
Years since registration (n=268)	
1 to 10	48 (18)
11 to 20	68 (25)
21 to 30	80 (30)
31 to 40	50 (19)
>40	22 (8)
Nature of employment (n=271)	
Employee	136 (50)
Locum	95 (35)
Owner	40 (15)
Work profile (n=271)	
Part time	146 (54)
Full time	125 (46)
Further qualifications held (n=279)*	
Not undertaken	212 (76)
Holds or currently studying for a formal qualification	67 (24)

\* 8 respondents held a formal qualification and were studying for a further qualification.

Respondents were asked to define the terms CE and CPD via open-ended questions. Table 2 details respondent replies. Content analysis allowed respondent definitions to be categorized into those that had a clear understanding, those with a partial/confused understanding and those that had demonstrated a total lack of understanding. Examples of respondent replies and categorization are given in Appendix 2.

**Table 2.** Respondents Understanding of CE and CPD.

	Male (n=113)	Female (n=158)	Overall (n=271)
Understanding of CE			
Clear	64 (57)*	102 (64)	166 (61)
Partial/confused	33 (29)	47 (30)	80 (30)
None	16 (14)	9 (6)	25 (9)
Understanding of CPD			
Clear	14 (12)	44 (28)	58 (21)
Partial/confused	40 (36)	60 (38)	100 (37)
None	59 (52)	54 (34)	113 (42)

\* (%)

Marked differences in respondents understanding of CE and CPD were highlighted. One hundred and sixty six (61%) respondents illustrated a clear understanding of CE compared to only 58 (21%) respondents for CPD. A significantly higher ( $X^2$  9.4, df = 1,  $p = 0.002$ ) proportion of females demonstrated an understanding of CPD than their male counterparts and proprietors showed the poorest understanding of CPD ( $X^2$  10.1, df = 2,  $p = 0.007$ ), compared to employee and locum pharmacists. Only 25 (9%) respondents illustrated no understanding of CE compared with 113 (42%) for CPD.

Table 3 highlights the sources of information respondents accessed when completing CE/CPD. Three primary sources were identified: *The Pharmaceutical Journal*; distance learning packs via the Centre for Postgraduate Pharmacy Education (CPPE), which is a national UK provider of CE for registered pharmacists, and attendance at CPPE workshops.

**Table 3.** Sources of CE/CPD Used by Respondents

Sources Used	Respondents (n=271)
<i>The Pharmaceutical Journal</i>	251 (93)*
CPPE Distance learning information	207 (76)
CPPE workshops	197 (73)
Textbooks	163 (60)
The Chemist and Druggist (community pharmacy specific magazine)	143 (53)
Attendance at RPSGB local branch meetings	126 (47)
Manufacturer's literature and/or training	122 (45)
National Pharmaceutical Association (UK organization supporting community pharmacy) educational material	90 (33)
In-house company information	85 (31)
Internet	77 (28)
Computer aided learning packages	29 (11)
Other professional journals	15 (6)
RPSGB video loan service	11 (4)
Miscellaneous	35 (13)

\*(%)

Confirmation that CPPE provides a pivotal role for pharmacists CE needs was further substantiated when the respondents were asked how often they had used CPPE resources in the last 12 months. One hundred and sixty-three (60%) respondents stated they had requested at least one distance-learning pack and 177 (65%) had attended a CPPE workshop. Analysis of open-ended questions resulted in three emergent themes being identified as to why respondents attended workshops sessions: they wanted to learn more about the topic, they enjoyed networking and sharing ideas with other pharmacists, and the guest speakers were informative. However, family commitments, especially among female respondents and business commitments of male respondents and pharmacy proprietors were two disincentives for non-attendance at CPPE workshops.

In addition to the three primary sources used, a wide range of other sources was also accessed, ranging from traditional sources, for example textbooks (60%), to more modern mediums of delivery, such as the internet (28%) and computer aided learning CD-ROMS(11%).

The RPSGB advise that all UK registered pharmacists should complete a minimum 30 hours CE/CPD each year. However, Table 4 shows how respondents from this study fell well short of this target.

**Table 4.** Number of CE/CPD Hours Completed by Respondents in the 12 Months Prior to the Survey

Number of hours completed	Number of respondents (n=271)
1 to 9	36 (13.3)*
10 to 19	46 (17)
20 to 29	41 (15.1)
30 or more	88 (32.5)
Not recorded	60 (22.1)

\*(%)

Only 211 (78%) respondents reported they had completed some form of CE/CPD in the previous 12 months, with just 88 (32%) respondents meeting the RPSGB advised 30 hours of CE. Cross tabulation of this data with the demographic profiles of respondents showed that the most likely profile of respondents to have achieved this were female employee pharmacists who had been registered between 11 to 20 years. Forty-six respondents (17%) stated they had completed no CE/CPD in the

last 12 months; 22 were locums, 15 proprietors and 9 employees. Statistical analysis showed locum or proprietor pharmacists ( $X^2 = 23.7$ ,  $df = 2$ ,  $p < 0.001$ ) to be the most likely group not to conduct CE/CPD.

Respondents were also asked if and how they recorded their CE/CPD activities and the findings are summarized in Table 5. Personal recording was most frequently cited, along with completion of the RPSGB CE logbook (issued free by RPSGB to all members), and using portfolios supplied by the respondent's employer. However, a substantial minority (18%) made no record at all of their activities.

**Table 5.** Methods of Recording CPD

Method of Recording	Number of Respondents (n=171)
RPSGB CE logbook	59 (34.5)*
Company portfolio	55 (32.2)
Personal notes	65 (38)
Do not record their CPD	31 (18.1)
CPD record sheets	30 (17.5)
Significant event record	21 (12.3)

\*(%)

Table 6 illustrates the benefits respondents believed CPD would bring. The majority did believe CPD would have a positive effect for the individual and profession.

**Table 6.** Respondents Opinions on the Benefits of CPD

Benefits Of CPD	Number of respondents (n=271)
Improve performance in current role	222 (81.5)*
Enhance status of profession with other health care professionals	161 (59.4)
Enhance status of profession with the public	132 (48.7)
Enhance career prospects	66 (24.4)
No benefit from CPD	29 (10.7)
Miscellaneous	15 (5.5)

\*(%)

Two hundred and twenty-two respondents (82%) thought that CPD would help to improve their ability to perform their role and 161 (59%) and 132 (49%) respondents believed CPD would enhance the status of the pharmacy profession with other health care professionals and raise respectively the profile of the pharmacy profession with the public. Finally, 66 respondents (24%) thought CPD would further their career prospects but 29 respondents (11%) could see no benefits at all from CPD. On further analysis of these 29 respondents, 27 were found not to undertake any CE/CPD and 24 had been registered for over twenty years.

Table 7 highlights respondents views to the final question on what sanctions should be applied to those pharmacists who fail to meet the RPSGB criteria for CPD when it becomes mandatory.

**Table 7.** Sanctions Respondents Thought the RPSGB Should Impose if Fail to Comply with Mandatory CPD

Sanction	Respondents (n=263)
Competence reassessment	85 (32.3)*
Counseling	65 (24.7)
No action taken	52 (19.8)
Remedial training	45 (17.1)
Reprimand	6 (2.3)
Removal from register	5 (1.9)
Miscellaneous	5 (1.9)

\*(%)

Reassessment of competence, along with remedial training and counseling were the three most preferred options. Interestingly, a significantly higher proportion of respondents who suggested no action at all were locum or proprietor pharmacists ( $X^2 = 16.95$ ,  $df = 1$ ,  $p < 0.001$ ).

## Discussion

The aim of this study was to determine community pharmacists approach to conducting CE/CPD and to ascertain their current understanding and perception of CPD. The usable response rate to this survey, although not high, is higher than the recent CPD articles[12-13] and comparable to other studies that sampled community pharmacists.[18-19]

A key finding of this study was the poor understanding respondents had of what constituted CPD. This finding differs from other studies that reported much higher levels of understanding. However, the study by Bell et al[13] defined the terms CE and CPD for respondents and Mottram et al [12] simply asked if the respondents understood the difference. Both studies, therefore, either prompted or assumed that respondents could differentiate between CE and CPD and may account for the higher figures reported. In this study, respondents had to say what each term meant and probably depicts a more accurate reflection of their understanding.

If this lack of understanding could be generalized to all UK community pharmacists, then it would appear that attempts by the RPSGB to raise awareness and understanding of CPD through articles in the *Pharmaceutical Journal* has largely failed.[11,20-21] This is a concern since respondents indicated that the *Pharmaceutical Journal* was the major source of acquiring CE/CPD. This journal is distributed to all UK registered pharmacists and published weekly. It is possible that although CPD articles were published, respondents' missed them due to the journals' publication frequency. The other major source of CE/CPD was CPPE. This is hardly surprising as the organization was specifically introduced with government funding to meet the educational needs of community pharmacists in 1991.[22] Since that time, CPPE has become the most prominent provider of CE/CPD, whether by distance learning or attendance at workshop sessions. Other organizations offer similar provision, for example employer training (most notably large chain multiple pharmacy companies), the National Pharmaceutical Association (a body to represent all community pharmacy but specifically for the independent proprietor) and the profession's own organization, the RPSGB, but these were utilized by respondents in this study more infrequently.

Despite the plethora of potential providers of CE/CPD and opportunities for independent study, only three quarters of respondents undertook any CE/CPD and just one third indicated they had completed 30 or more hours as suggested by the RPSGB in the 12 months prior to the survey. It is difficult to know if this figure is an accurate representation of their actual CE/CPD as memory recall questions are known to have poor validity.[23] However, it has been reported that in 1986 less than 10% of the profession was meeting their CE responsibilities,[24] which had risen to a third of UK pharmacists in 1997. Therefore, it appears that an upward trend in CE/CPD participation by pharmacists has been apparent for sometime. This study and other recent studies[12-13] seem to suggest that this upward trend is real.

Locum pharmacists and proprietors were the people who were most likely not to undertake any CE/CPD. This is unsurprising since they have little or no support from an organization to help them with their CE/CPD. Up until recently the locum workforce in UK community pharmacies has tended to consist of older pharmacists, particularly in the 50 to 59 years age group.[25] It could be argued that these respondents believe that experience outweighs CE/CPD or that they are close to retiring so have little motivation to undertake CE/CPD.

However, in the UK there has been a growing trend for newly qualified pharmacists to locum[25] as earning potential of locums can be far in excess of employee pharmacists with the added attraction for many of less managerial responsibility. This possible trend for newly qualified pharmacists not to participate in CPD is of concern as they represent the future of the profession. It is possible that they may believe recently acquired undergraduate knowledge is sufficient for them to remain competent to practice, although Ward et al identified competing demands on time, both professional and personal, as the main barrier to the CPD/CE for newly qualified pharmacists.[26]

The majority of respondents kept some form of record of their CPD completion, however one-third used the RPSGB CE logbook or made their own notes. This indicates that these community pharmacists were recording their CE activities but were not completing the continuous cycle recommended in CPD to reflect and evaluate their learning. This may have potentially reinforced the confusion respondents' had over what constitutes CPD. It could be that these respondents think CPD

is just keeping a record of their CE and not how their learning has affected their overall practice. The majority of UK large multiples now issue their employees with CPD portfolios, which are more exhaustive than the RPSGB CE logbook as they tend to define and give examples of CPD, along with sheets to record significant events. If similar support packs were issued to all pharmacists by the RPSGB rather than the logbook, then the concept of CPD may be better understood.

Interestingly, the preferred sanctions that respondents thought appropriate for pharmacists failing to comply with mandatory CPD were those that offered support and guidance, but were also opposed to a sanction of punishment. Respondents who suggested no action at all were either locums or proprietors, which is hardly surprising since these were the groups of respondents who were most likely not to be currently undertaking any CE/CPD. Removal from the register received very little support. Currently the RPSGB has not outlined what they intend to do about those pharmacists who do not comply. Competence reassessment has yet to be defined but it could involve resubmission of a CPD portfolio identifying the core competencies required for practice.

### Limitations

The study did have some limitations. First, the study was based on a small sample that yielded a usable response rate of 47%. Therefore, it may not be a good representative of the sample and the findings should not be generalized to the total UK community pharmacist population. Second, some questions relied on memory recall over the last 12 months. It is acknowledged that memory recall questions suffer from low validity and may have influenced the findings.

### Conclusion

The majority of respondents did not understand how CE and CPD differ. In addition, only a third of respondents completed the RPSGB advised 30 hours or more of CE/CPD in the previous twelve months. These two key findings should be of concern to the RPSGB as they make CPD mandatory. If the profession does not fully participate in CPD, let alone know what CPD is, then how will the RPSGB address issues of non-compliance.

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## **Appendix 1.** The Survey- Community Pharmacists' Attitudes and Approaches to CPD

### **Section One –Personal Details**

1. Sex. Female  Male
2. How many years have you been on the RPSGB register? .....
3. Are you an employee, locum or owner of a pharmacy?  
Employee  Locum  Owner
4. How many hours do you work on average per week? .....
5. Do you hold, or are you studying for, any formal postgraduate qualification related to pharmacy? (e.g. Postgraduate Certificate in Clinical Pharmacy)

- I already hold a formal postgraduate qualification
- I am studying for a formal postgraduate qualification
- I have not undertaken any formal postgraduate education

**Section Two – Understanding CE and CPD**

6. Please state what you understand by the following:

a)Continuing Education (CE).....

.....

b)Continuing Professional Development (CPD).....

.....

Which of the following do you use for CE? You may tick more than one box.

- |                             |                          |                            |                          |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Pharmaceutical Journal      | <input type="checkbox"/> | Distance learning packages | <input type="checkbox"/> |
| CPPE workshops              | <input type="checkbox"/> | Local branch meetings      | <input type="checkbox"/> |
| Chemist and Druggist        | <input type="checkbox"/> | Manufacturers literature   | <input type="checkbox"/> |
| RPSGB video loan service    | <input type="checkbox"/> | CAL packages               | <input type="checkbox"/> |
| In house/Company literature | <input type="checkbox"/> | NPA literature/information | <input type="checkbox"/> |
| Internet/Websites           | <input type="checkbox"/> | Reference books            | <input type="checkbox"/> |
| None                        |                          |                            |                          |
| Other (please specify)      | .....                    |                            |                          |

Please indicate the 3 choices from question 7 you consider to be most useful to your own personal development and rank them in order of priority, 1 as the highest.

1.....

2.....

3.....

**Section Three – Local CE Courses and Workshops.**

9. Have you attended any local courses or workshops in the last 12 months?

Yes  if yes, go to question 10.

No  if no, go to question 14.

10. Please state the type of courses or workshops you have attended, e.g. CPPE, CPP.

.....

11. How many hours of local courses or workshops have you attended in the last 12 months?.....

12. For what reasons do you attend local courses or workshops?  
Please rank in order up to 3 reasons, 1 as the highest.

- I enjoy networking with other pharmacists
- I do not know much about the topic and want to learn more
- I already know a lot about the topic
- The local tutor is good

- The guest speakers are good
- The food is good
- Other (please specify) .....

13. What have you liked and/or disliked about the courses or workshops?

Liked	Disliked

Please answer question 14 if there are occasions when you may not attend a course.

14. Are there any reasons why you may NOT attend local courses or workshops?

- I am already undertaking post-graduate education
- Courses are full  Topics are of no interest to me
- Family commitments  Time of the day courses are run
- Business commitments  Distance to venue too far to travel
- Local tutor lacks competence  Guest speakers lack competence
- Too tired to attend
- Other (please specify) .....

**Section Four – CE Distance Learning Packs.**

15. Have you requested any distance learning packs in the last 12 months?

- Yes  if yes, go to question 16
- No  if no, go to question 19

16. Please state the type of distance learning packs you have requested, e.g. CPPE.  
.....

17. How many packs, in the last 12 months, have you...  
 a) requested but not received?.....  
 b) requested and received but not looked at?.....  
 c) looked at parts but not completed?.....  
 d) completed and received a certificate?.....

18. How many CE hours do your answers to 17c&d total to?.....

19. How would you rate the current provision of Continuing Education for community pharmacists in your locality?

- Very satisfactory
- Satisfactory
- No opinion
- Unsatisfactory
- Very unsatisfactory

**Section Five - Uptake of CPD**

20. Do you undertake CPD? Yes  if yes, go to question 21  
 No  if no, go to question 23

21. Why do you undertake CPD? .....

22. How do you record your CPD? You may tick more than one box.

- |                           |                          |                        |                          |
|---------------------------|--------------------------|------------------------|--------------------------|
| Company portfolio         | <input type="checkbox"/> | CPP Portfolio          | <input type="checkbox"/> |
| Personal development plan | <input type="checkbox"/> | CPD record sheets      | <input type="checkbox"/> |
| Significant event record  | <input type="checkbox"/> | RPSGB CE logbook       | <input type="checkbox"/> |
| I write my own notes      | <input type="checkbox"/> | I do not record my CPD | <input type="checkbox"/> |
| Other (please specify)    | .....                    |                        |                          |

If you receive support, financial or otherwise, to undertake CPD, please describe the support you receive and from whom you receive it.

.....

24. Which of the following would further encourage you to undertake CPD?  
You may tick more than one box.

- |   |                          |  |
|---|--------------------------|--|
| Further training to understand the concept of CPD |                          | <input type="checkbox"/>                                   |
| Local CPD facilitation                            | <input type="checkbox"/> | Easier access to resources <input type="checkbox"/>        |
| Financial reward                                  | <input type="checkbox"/> | Support from employer (e.g. time) <input type="checkbox"/> |
| Other (please specify)                            | .....                    |  |

25. What do you see are the benefits of undertaking CPD?  
You may tick more than one box.

- |   |                          |
|---|--------------------------|
| Improves my performance in my current role                        | <input type="checkbox"/> |
| Enhances status of the profession with other health professionals | <input type="checkbox"/> |
| Enhances status of the profession with the public                 | <input type="checkbox"/> |
| Enhances my career prospects                                      | <input type="checkbox"/> |
| I see no benefits from CPD  | <input type="checkbox"/> |
| Other (please specify)  | .....                    |

26. If CPD becomes mandatory and members do not comply, what sanction(s) do you think should apply? You may tick more than one box.

- |                         |                          |                 |                          |
|-------------------------|--------------------------|-----------------|--------------------------|
| Remedial training       | <input type="checkbox"/> | Counselling     | <input type="checkbox"/> |
| Competence reassessment | <input type="checkbox"/> | Re-examination  | <input type="checkbox"/> |
| Reprimand               | <input type="checkbox"/> | No action taken | <input type="checkbox"/> |
| Removal from register   | <input type="checkbox"/> |                 |                          |
| Other (please specify)  | .....                    |                 |                          |

27. Which ONE sanction is your preferred choice in answer to question 26 and why?

.....

**Thank you for taking the time to complete this questionnaire.  
Please return it in the enclosed stamped addressed envelope .**

**Appendix 2.** Examples of clear, vague and no understanding of CE and CPD from the respondents.

Clear CE

1. Keeping up to date with new developments and refresher courses
2. Keeping up to date with new medicines and treatments
3. An ongoing updating of my knowledge
4. Up dating gaps in your knowledge
5. Keeping up to date with new drugs and developments. Maintaining a good standard of knowledge

Vague CE

1. Reading articles in the journal and C&D
2. Acquisition of information on a variety of topics
3. Follow up training

Published in:

*The International Journal of Pharmacy Education*  
Fall 2003, Issue 2

4. On going study
5. Learning more

None CE

1. Life and living
2. My MSc

Clear CPD

1. Developing and expanding knowledge in areas appropriate to my employment
2. Continued learning relating to pharmacy career
3. Learning from day to day experiences to improve quality of practice. CE forms a part of CPD
4. Involves evaluation, planning, action and review of my skills and knowledge. These should be recorded and reflected upon as this is a cyclical process i.e. continuously evaluating my competencies in my present and future role
5. Identifying areas that need developing, doing something to gain that knowledge and evaluating what effect it has on present job

Vague CPD

1. Recognising and prioritising your development needs
2. Identifying areas of practice that need further training and reassessing
3. CPPE courses and other things researched personally when needed
4. Learning for life, identifying needs, studying topics and reflecting
5. Improving ones professional performance

None CPD

1. Means nothing
2. Study groups, CPPE and distance learning packs
3. Work and meetings
4. Learning new things
5. Keeping abreast of new developments