Integrating professional development into a quality improvement framework in community pharmacy

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Background
Hypertension (HT) is a typical area where changing pharmacy practice through focussed continuing professional development (CPD) activities may help to address evidence-treatment (ET) gaps. Activities include facilitating more targeted counselling and other interventions. The project 'Controlling Hypertension through Innovation in Primary Care' (CHIP C) project seeks to develop a CPD model which promotes active and sustainable implementation of community pharmacy interventions following CPD.

Aim of study
This paper describes the development of a community pharmacy CPD program designed to facilitate quality improvement measures for cardiovascular risk reduction among patients being treated for hypertension.

A. Evidence-based implementation1

1. ORIENTATION
Promote general awareness of the idea, stimulate interest and involvement
• Engage pharmacists, CVD organisations, other stakeholders
• Dialogue about evidence treatment (ET) gaps and pharmacists’ role

2. INSIGHT
Provide insights into current hypertension (HT) management and the need to change
• Literature review to identify ET gaps
• Patient survey to confirm relevance to practice
• Practice audit to document where current performance can improve

3. ACCEPTANCE
Develop positive attitudes and intentions towards change
• Involve ‘champions’ (National Stroke Foundation, Heart Foundation as advocates)
• Continue dialogue about ET gaps
• Promote ease of integration, CPD credit points

4. CHANGE
Promote actual adoption into practice, confirm the benefit
• Baseline training and resources
• Web-based educational materials and clinical resources (see part B)
• Repeat patient survey after intervention

5. MAINTENANCE
Integrate and embed new practices
• Feedback on practice audits
• Plan, Do, Study, Act Cycles4
• Adopt as core, ongoing CPD activity
• Online discussion to share innovation with other pharmacists

B. Evidence-based CPD materials development

PRINCIPLE
Promote evidence-based clinical interventions

THEORY
Literature search: Identify ET gaps, evidence for interventions
Theory of Planned Behaviour2

IMPLICATIONS
Focus clinical interventions in the following areas:
• Patient education
• Medicines adherence
• Intensification of treatment
• Antiplatedlet use
• Lifestyle modification
• Smoking cessation
Content should address:
• Attitudes to change in practice (e.g. importance)
• Subjective norms
• Perceived self-efficacy

Facilitate practice change among pharmacists

Use effective methods to deliver educational materials

Delivery methods should encourage:
• Active involvement by pharmacist
• Problem-based learning
• Building on experience
• Self-directed learning
• Feedback from peers and researcher
• Self-reflection by pharmacist

References:
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