

# Exploring a business case for professional associations as investing entities for high-value CPD

Silvia E. Rabionet, Nova Southeastern University College of Pharmacy  
& University of Puerto Rico School of Public Health

Mike Rouse, Accreditation Council for Pharmacy Education

Elena Karahanna, The University of Georgia

# Two Examples from Pharmacy

## **Silvia E. Rabionet:** APhA's Pharmacy-Based Immunization Delivery Certificate Training Program

- Trained more than 280,000 pharmacists.
- Through *partnerships with schools and colleges of pharmacy, state pharmacy associations, pharmacy corporations, and dedicated faculty and staff.*
- Combines (1) self-study modules with case studies and assessment exam, (2) live seminar with final exam and (3) a hands-on assessment of intramuscular and subcutaneous injection technique
- Annual continuing education

## **Michael J. Rouse:** SMART Pharmacy in Turkey: a Case Study in High-Value CPD

- Sponsored by Turkish Pharmacists Association (TPA) which is politically influential and well-resourced
- No CE requirements; licensure “for life”
- Traditional “retail” practice; limited scope of practice w.r.t. clinical services
- Pharmacists anxious about future viability
- Motivation and self-image of pharmacists perceived to be low
- Focused on Asthma and COPD – which is a big health problem; 80-90% of patients not using inhalers correctly
- All key stakeholders were involved in defining scope and priorities.
- Trained the trainer; then trained pharmacists

## Training pharmacists to immunize (2007-2014)

The APhA Certificate trains pharmacists to be immunizers...so that they can contribute to increase rates, education, and access.

Trained pharmacists are a necessary component to deliver Flu vaccines to adults in community pharmacies as compared to elsewhere. Is there a cost benefit associated with the training and the availability of immunization services in the pharmacy?

In the period, the cost of training pharmacists was 500 million.

The cost saving of immunizing in the pharmacy was 2.4 billion.

Hence, the net benefit is 1.9 billion.

The expansion in the scope of practice of the pharmacist has had a substantial impact in the cost of immunization.

# Professional Association and CPD: Who are the stakeholders?

1. Professional Association (main + other related)
2. Health professionals
3. Providers of education, who provide CPD
4. Employers of health professionals
5. Patients
6. Federal and State lawmakers, Legislative bodies
7. Credentialing & accrediting agencies
8. Association members & Institutions (non-educational)
9. Accrediting agencies of continuing education bodies
10. Educational institutions
11. Funding agencies
12. Insurance companies
13. Industry

# Stakeholder: Professional Association

Development Costs	Operating Costs
<ul style="list-style-type: none"><li>• Needs assessment and research</li><li>• Content development</li><li>• Course development</li><li>• Costs of advocacy at Federal or state levels</li><li>• Train-the-Trainer costs</li><li>• Development of record keeping systems</li><li>• Cost of developing grant proposals (this can lead to a way to defray costs)</li></ul>	<ul style="list-style-type: none"><li>• Cost of delivery of training</li><li>• Promotion costs</li><li>• Training material costs</li><li>• Record keeping costs</li><li>• Costs of assessment, testing, &amp; accreditation</li></ul>
Benefits	
<ul style="list-style-type: none"><li>• <b>Increase in membership</b> of the association (which could increase revenue)</li><li>• <b>Better recruitment</b> at schools to that profession</li><li>• <b>Advancing the profession</b></li><li>• Enhancing the <b>public image, reputation, and credibility</b> of the profession</li><li>• <b>Revenue from “tuition”</b> for CPD</li><li>• Increased <b>non-dues revenue opportunities</b> (conferences, publications, scholarship)</li></ul>	<ul style="list-style-type: none"><li>• Having “control” or influence over CPD <b>standards and quality</b></li><li>• <b>Improved alignment</b> between practice and education, therefore <b>fulfilling obligation</b> of responding to the profession as a whole</li><li>• Encourages <b>company sponsorship</b></li><li>• Centralized data repository to <b>demonstrate outcomes</b></li></ul>

# Stakeholder: Health Professionals

Costs	Benefits
<ul style="list-style-type: none"><li>- Tuition (for courses) + incidentals (travel, etc.)</li><li>- Fees for credentialing</li><li>- Annual fee to credentialing body</li><li>- Time</li><li>- Opportunity cost (loss of income when away from work)</li><li>- Loss of autonomy, frustration with compliance</li></ul>	<ul style="list-style-type: none"><li>- Staying current with <b>best practices</b></li><li>- <b>Increased professional opportunities</b></li><li>- <b>Job advancement</b></li><li>- Potential for increased <b>income</b></li><li>- Expand professional <b>network</b></li><li>- <b>Protection</b> (continue to practice safely as health care evolves)</li><li>- Keeping up with <b>credentials</b></li><li>- Increased <b>motivation</b></li><li>- Enhanced <b>self-image</b></li></ul>

# Why would a professional association want to be an investing entity in CPD?

- The mission of **advancing the profession** is unique to the professional association
- Professional associations **maintain and advance** the standards of practice
- An organized, consistent, standardized way to advance profession – if not done, the **survival of the profession** is at stake.
- **Lifelong learning** isn't just for the individual professional; it's for the professional association and the profession as a whole
- The profession needs to **continue to add value** in a constantly evolving world
- Professional associations should invest in the training that is needed to develop **experienced health professionals with the skills they need to practice**

## Theme

Helping health professionals practice to their **full scope of practice & assure growth, development, credibility, and survival of profession**