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PHARMACISTS' PERSPECTIVES ON THE IMPLEMENTATION OF THE CERTIFICATE OF GOOD STANDING (COGS)

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Abstract

This qualitative study explores pharmacists' views on the new Certificate of Good Standing (COGS) requirement. Semi-structured interviews were conducted with 7 practicing pharmacists across various regions. Participants discussed their experiences and perceptions of the COGS process, including perceived benefits and challenges. Key findings indicate that while pharmacists value professional accountability and continuing competence, they identified administrative burdens and unclear guidelines as obstacles. Participants suggested improvements such as streamlined procedures and better communication from regulators. The study concludes that addressing these issues can enhance compliance and professional development. These insights inform policymakers and educators on optimizing the COGS implementation process.

Keywords: *Continuing Professional Development, Knowledge-Attitude-Practice Model, Philippines*

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Introduction

Pharmacists in the Philippines have recently voiced strong concerns over the requirement to obtain a Certificate of Good Standing (COGS) in order to renew their professional license. Many practitioners perceive the mandatory COGS as an added burden that offers little benefit to their competencies, especially since it comes on top of the continuing professional development (CPD) credits already required for license renewal (Crispino & Rocha, 2021). Although mandated by the Philippine Pharmacy Law (RA 10918) in 2015, the sudden enforcement in 2025 raised questions about its justification and impact. This sentiment has sparked an uproar within the pharmacy community, with calls to re-examine whether the COGS obligation is truly necessary or simply a redundant bureaucratic hurdle. The frustration underlying these reactions highlights a critical problem for the present study – understanding why this COGS requirement has generated such pushback and how pharmacists themselves view its impact on their professional practice.

Tensions around the COGS requirement intensified in early 2025 when the Professional Regulation Commission (PRC) moved to ease the renewal process for most professions. Citing the need to reduce bureaucratic burden, PRC Resolution No. 1957 (February 2025) discontinued the COGS requirement for the renewal of professional licenses in all but a few fields (Professional Regulation Commission, 2025). However, pharmacists were excluded from this policy change – along with only two other professions – because their specific professional laws, Republic Act 10918, explicitly mandate submission of a COGS for license renewal. As a result, pharmacists remain one of the very few professional groups still required to obtain a COGS, which has created a sense of inequity compared to other professions. This distinction has fueled ongoing debate about the fairness and necessity of retaining a COGS requirement that no longer applies to the majority of regulated occupations.

In practice, the overlap of COGS and CPD requirements has posed significant challenges for many pharmacists. Securing a COGS entails keeping one's PPhA membership active and paying annual dues, while fulfilling CPD requirements often requires attending seminars or training courses that can be costly, time-consuming, and not always easily accessible. Studies have documented that Filipino healthcare professionals face a host of difficulties with mandatory CPD – including high expenses, limited availability of accredited programs, added workload pressures, and personal time constraints (Crispino & Rocha, 2021). For example, a survey of Filipino pharmacists and pharmacy assistants found that the most common barriers to pursuing continuing education were financial constraints, scheduling/time issues, family obligations, and heavy work responsibilities (Mondragon et al., 2021; Salenga & Aninon, 2013). Because the COGS requirement essentially forces pharmacists to pay for professional membership on top of meeting these CPD demands, many view the dual requirement as onerous and even redundant to their development needs.

Despite the controversy and widespread opinions surrounding COGS, there is a notable lack of empirical research exploring how this requirement specifically affects pharmacists in the Philippines. Most discussions on the issue have emerged from informal channels – such as online forums, social media, petitions, and statements from professional organizations – rather than from systematic, peer-reviewed studies. While some local scholarship has explored pharmacists' experiences with CPD and lifelong learning in general (Mondragon et al., 2021), virtually no studies to date have focused on the COGS obligation itself. This gap in the literature means policymakers and stakeholders have little evidence to draw on when evaluating whether the COGS requirement is meeting its intended purpose (for instance, promoting professional accountability and involvement in the accredited organization) or if it is functioning primarily as an administrative and financial burden on practitioners.

The COGS is intended to verify that pharmacists have met continuing education and practice standards. However, little is known about how pharmacists perceive and adapt to this new requirement. Understanding pharmacists' perspectives is important for identifying barriers and facilitators to compliance, and for improving regulatory processes. Therefore, this study aims to explore pharmacists' knowledge and attitudes toward the implementation of COGS, with the goal of informing strategies to support practitioners during this transition.

Methods

This qualitative study used a descriptive phenomenological design to explore pharmacists' experiences with the Certificate of Good Standing (COGS). Research was carried out in Davao City with a purposive sample of seven registered pharmacists from diverse practice areas (hospital, community, manufacturing, public health, regulatory, and academe).

Eligible participants had ≥2 years' active practice and provided informed consent; pharmacists not currently practicing or unable to consent were excluded. Data were collected through semi-structured, in-depth interviews (≈30–60 minutes), conducted in person or online at participants' convenience, audio-recorded with permission, and supplemented by field notes. Interviews focused on awareness, perceived benefits and burdens of COGS, and recommendations for implementation. Analysis followed Colaizzi's phenomenological steps: reading transcripts, extracting significant statements, clustering themes, and synthesizing an integrated description. To enhance trustworthiness we used member checking, kept an audit trail, and reviewed coding with the supervising adviser.

Ethical approval was obtained from the College of Pharmacy Research Ethics Committee, University of the Immaculate Conception. Confidentiality was maintained by

anonymizing transcripts, storing data on encrypted devices, and limiting access to the research team. Limitations. The small, purposive sample from a single city limits transferability of findings. Self-reported data are subject to recall and social-desirability biases, and results reflect participant perceptions at a particular point in time. Despite these limitations, the study provides in-depth, contextually grounded insights that can inform policy and identify priorities for broader, quantitative follow-up.

Results and Discussion

This presents the findings from the in-depth interviews with seven pharmacists representing diverse practice areas. Data were organized into thematic categories reflecting participants' awareness, perspectives, and challenges regarding the Certificate of Good Standing (COGS), as well as actionable insights proposed to enhance its implementation.

Table 1. Demographic Profile of the Respondents

Participant Alias	Sex	Area of Practice	Length of Service
P1	F	Distributor	23
P2	F	Community	8
P3	F	Regulatory	4
P4	F	Hospital	11
P5	F	Manufacturing	3
P6	F	Public Health	3
P7	F	Academe	35

Participants were identified through professional networks and organizations in Davao City, with credibility and transparency ensured during the recruitment process. Eligible pharmacists were invited to take part in the study.

Table 2. *Pharmacists' Perspective on the Inclusion of the Certificate of Good Standing (COGS)*

Table 2 summarizes the key themes and core insights derived from pharmacists' views on the inclusion of the Certificate of Good Standing (COGS) as a requirement for licensure renewal.

Essential themes	*Core Ideas*
Balancing between professional integrity and practical challenges	Purpose and positive intent Concerns about practical implementation Doubt on necessity without PPhA membership benefits Benefit versus burden debate
Lack of awareness and Inconsistent Enforcement	Confusion about the actual enforcement of COGS Complexity and excessiveness of requirements
Strengthening Professional cohesion and accountability	Communication and transparency issues Implementation challenges and leadership dynamics Fairness and support for workforce concerns Trust and Positive Intent
Need for streamlined and coordinated implementation	Professional Alignment and Ethics Membership and Benefit Linked to compliance Equity and Accessibility Concerns
Demotivated in Compliance	Skepticism about compliance Impact on License Renewal and Motivation Role of Active Professional Involvement Compliance driven by requirement rather than commitment

Across participants, several major themes emerged regarding the inclusion of COGS as a requirement for license renewal. Table 2 shows that pharmacists recognize the Certificate of Good Standing (COGS) as grounded in professional ethics and accountability, yet its implementation is shaped by practical, structural, and motivational challenges. Participants acknowledged the positive intent of COGS but raised concerns about unclear enforcement, complex requirements, and limited perceived benefits, particularly when linked to professional membership.

Communication gaps, leadership coordination issues, and equity concerns—especially for those in resource-limited settings—were identified as key barriers to fair and effective implementation. These challenges contribute to a compliance pattern largely driven by licensure requirements rather than intrinsic professional commitment. Overall, pharmacists emphasized the need for a more streamlined, transparent, and supportive system that aligns professional standards with practical realities and strengthens both trust and meaningful engagement.

Table 3: *Pharmacists' Evaluation of the Potential Relevance and Impact of the Certificate of Good Standing (COGS) on their Professional Practice and Development.*

This succinctly summarizes pharmacists' assessments of the potential relevance and impact of the Certificate of Good Standing (COGS) on their professional practice and development

	Essential Themes	Core Ideas
	Clear standards and genuine professional engagement	Mixed levels of preparedness Procedural complexity and timeline challenges Perceived inequity & accessibility issues Commitment versus compliance
	Establishing transparent, equitable, and supportive framework	Need for clear and streamlined processes Financial concerns and accessibility, Need for inclusive and sensitive program design, Professional recognition
	Balancing professional development and practical challenges	Access and Inclusion challenges; Time and workload management Participation encouragement versus practical barriers Membership motivation and reciprocity
	Accessibility and engagement through clear communication and practical flexibility	Advocate for intensified provisions of free to low cost CPD Clear, timely, chapter-based communication Accessible opportunities

The participants' reflections on the impact of COGS revealed a complex relationship between compliance, motivation, and professional development.

This study shows that pharmacists recognize the ethical purpose of the Certificate of Good Standing (COGS) in promoting accountability, competence, and professional identity, yet its current implementation weakens these intended benefits. The findings suggest that when regulatory requirements are perceived as bureaucratic, unclear, and financially burdensome, compliance becomes procedural rather than meaningful, limiting the policy's ability to strengthen professional practice.

A central implication is the gap between policy intent and practical experience. While COGS is designed to uphold standards, unclear guidelines, inconsistent enforcement, and fragmented processes reduce trust and create confusion. This indicates that regulatory effectiveness depends not only on policy design but also on transparent communication, consistent implementation, and practitioner engagement. When these are lacking, even well-intended policies risk resistance and superficial compliance.

The study also highlights an important motivation dynamic. Many pharmacists comply primarily to renew their licenses rather than from intrinsic professional commitment. This suggests that regulatory frameworks must demonstrate tangible professional value—such as improved competence, recognition, and career relevance—to shift behavior from obligation to genuine engagement. Without meaningful benefits, requirements may reinforce a "checklist" culture rather than lifelong learning.

Equity and accessibility emerged as critical concerns. Pharmacists in rural and resource-limited settings face disproportionate burdens due to travel costs, limited CPD access, and workload constraints. These findings imply that uniform regulatory requirements can unintentionally deepen disparities unless flexible, inclusive, and accessible systems are implemented. Policies that expand low-cost or online CPD, decentralize opportunities, and

provide financial support may improve both fairness and compliance.

The results further indicate that professional trust and communication are key drivers of acceptance. Participants were more supportive of COGS when they understood its purpose and saw efforts toward fair implementation. This underscores the role of leadership, clear information dissemination, and participatory governance in strengthening professional cohesion and compliance.

Actionable Insights Proposed to Enhance the Implementation, Accessibility, and Acceptance of the Certificate of Good Standing (COGS) among Pharmacists

This section discusses actionable recommendations to improve the COGS system. These strategies are intended to address the practical and ethical tensions identified, making the COGS requirement more workable and more meaningful for all stakeholders. Each recommendation is situated in the context of professional practice, academic understanding, and regulatory policy, with supporting evidence from literature where available.

Streamline and Integrate Processes. A top priority is to simplify the COGS issuance process and integrate it seamlessly with existing licensure renewal workflows, because the current multi-step procedure is cumbersome and prone to delays. Developing a unified online platform linking PRC license renewal, PPhA membership status, and CPD records would streamline membership status, and CPD records would streamline the process: when pharmacists apply for renewal, the system could automatically verify membership and CPD units and then issue a digital COGS instantly. This would eliminate redundant paperwork and multiple office visits, while adding transparency by allowing pharmacists to check outstanding requirements and dues before renewal. Precedents in countries like New Zealand and Canada show that such online portals improve compliance and user satisfaction, aligning with e-governance initiatives and modernization programs (Smith & Westrich, 2019). Implementing this system in the Philippines would require coordination between the PRC and PPhA but would significantly reduce frustration and bureaucracy, offering a valuable case study on how technology can enhance regulatory compliance. Ultimately, a one-stop renewal process would allow practitioners to focus on professional development rather than administrative hurdles.

Enhance Communication and Consistency. A critical next step is to strengthen how COGS and related requirements are communicated and to ensure uniform enforcement across all regions. Clear guidance is essential because many pharmacists fail to comply due to confusion and inconsistent messaging. The PRC and PPhA may produce a joint, plain-language guideline—like a comprehensive FAQ or handbook—explaining what COGS is, why it is required, and outlining the exact steps, timelines, and common troubleshooting tips for obtaining it. Regular nationwide webinars or town hall meetings, coordinated through local PPhA chapters, could raise awareness and answer questions. To improve consistency, both PRC and all PPhA chapters must align their procedures: PRC could formalize COGS in the renewal checklist, while PPhA National can ensure that local chapters follow identical criteria for issuing COGS, without adding extra hurdles. A central verification database accessible to all chapters would support consistent enforcement. Evidence suggests that clear and consistent rules enhance compliance, whereas ambiguity leads to non-compliance (Makary, 2018). Standardized communication and uniform enforcement would reduce anxiety and confusion among pharmacists, promote fairness by ensuring all practitioners face the same requirements, and provide a valuable case study for governance and change management in professional regulation.

Increase Member Support and Benefits. A key recommendation is for the PPhA to enhance the tangible value of membership by offering benefits that encourage engagement, such as discounted or free CPD events, exclusive

professional resources (online journals, practice guidelines, helpdesks for regulatory queries), mentorship programs connecting experienced pharmacists with newer practitioners, and proactive advocacy that ensures membership fees support meaningful change. Research indicates that professionals are more likely to participate and comply with association requirements when they perceive direct benefits like networking, learning, and career advancement opportunities (Sullivan et al., 2023). To demonstrate commitment to all members, PPhA could rotate major events across regions and subsidize travel costs, reducing geographic barriers. Implementing a rewards system—for instance, offering credits redeemable for training or books based on meeting attendance or volunteering—could further foster a sense of reciprocity, emphasizing that membership is both a responsibility and an advantage. As the government-accredited professional organization, PPhA has a quasi-public duty to ensure equitable and beneficial membership; the PRC and Professional Regulatory Board of Pharmacy could encourage transparency by requiring reports on how dues support professional development. Strengthening member support not only enhances trust but is also likely to increase voluntary compliance with COGS requirements, providing a model for studying how improved services influence membership uptake and professional outcomes.

Link COGS to meaningful CPD outcomes. To address the "box-ticking" mentality, the COGS and CPD requirements may be reoriented toward meaningful outcomes and intrinsic engagement by incorporating outcome-based CPD elements and asking pharmacists to demonstrate how they apply new knowledge in practice through reflective portfolios or small projects; this encourages active learning and aligns with research showing that reflection greatly increases the impact of learning activities (Kolb, 1984; Austin et al., 2005). Participants suggested spotlighting success stories that highlight how CPD has advanced careers or improved patient care to inspire peers and reinforce the real-world value of engagement, shifting the narrative from viewing COGS as bureaucratic to recognizing it as a driver of growth. Recognition for exemplary commitment—such as awards, newsletter mentions, or digital badges—could tap into intrinsic motivators like mastery and purpose and has been shown to motivate professionals (Pink, 2009). Policy-wise, implementing outcome-oriented CPD would require updates to regulations to credit activities like research, quality improvement projects, or mentorship, offering flexible pathways that allow pharmacists to choose activities relevant to their practice. For academic stakeholders, designing and studying outcome-based CPD modules could form an important area of collaboration, while practitioners stand to gain a more personalized and rewarding professional development experience that transforms COGS from a chore into a meaningful tool for competence and passion in the profession.

Enhance accesibility and equity. Expanding access to continuing professional development (CPD) and PPhA activities is crucial to close the urban–rural and economic gaps in obtaining a COGS. First, online CPD offerings can be dramatically increased—building on the COVID-19 era's lessons to deliver high-quality webinars, virtual conferences, and online courses that match in-person training and facilitate self-paced learning (Berndt et al., 2017). PPhA, in partnership with academic institutions and the Department of Health, could invest in a robust, low-cost e-learning platform offering recorded lectures, modules, and interactive case discussions. Second, CPD must be brought to the provinces by hosting regular satellite seminars, workshops, and mini-conferences outside Metro Manila, so rural pharmacists can meet requirements without undue hardship. Third, financial assistance may be available for those in need: operationalizing the CPD Act (RA 10912) by providing grants or vouchers through government agencies and employers, creating a PPhA hardship fund to subsidize travel and convention fees, and ensuring fair allocation. In addition, recognizing alternative CPD activities—such as community

health projects, research, or teaching—can validate on-the-job learning and relieve pressure to attend formal events. Equity-focused collaboration with the Department of Health and local governments, revising CPD guidelines to include alternative credits, and ensuring that rural outreach programs carry CPD credit would ensure all pharmacists can meet COGS criteria. Academically, monitoring the impact of these initiatives on participation rates and professional outcomes will enrich literature on continuing education in low-resource settings, and ethically, implementing them upholds inclusivity so no pharmacist is left behind.

Cultivate Professional Ownership. Bridging the gap between extrinsic and intrinsic motivation requires fostering ownership and pride in maintaining good standing; regulators and professional leaders should frame COGS not as a punitive requirement but as an ethical duty and badge of honor, highlighting that it aligns with the oath pharmacists take to serve the public (Snell & Lavery, 2018) and emphasizing that competence and trustworthiness ultimately benefit the communities they serve. Ongoing educational campaigns about why COGS matters that can enhance understanding and acceptance. Giving pharmacists a voice in the governance of COGS by forming working groups or committees to review and refine implementation echoes participatory governance principles and has proven effective in increasing compliance in other professional contexts (WHO, 2019). Harnessing the energy of practitioners who offered suggestions during this study can turn skeptics into champions and create a positive peer norm around maintaining good standing. When pharmacists feel COGS is something they helped shape and that reflects their professional values, they are more likely to comply willingly and encourage colleagues, reinforcing a culture of continuous professional growth

Conclusion and Recommendations

Pharmacists generally accept the ethical intent of the Certificate of Good Standing (COGS) but experience it as costly, bureaucratic, and poorly communicated; these barriers—unclear processes, duplicated paperwork and fees, and limited CPD access—drive compliance that is often procedural rather than professional. To make COGS meaningful and equitable, regulators should streamline and digitize renewal/COGS workflows and clarify guidance; CPD providers should offer low-cost, flexible, and practice-relevant learning; and pharmacy education should better prepare practitioners in regulatory ethics and practical CPD application. Future research should combine in-depth qualitative studies to explore lived experiences and trust dynamics with large-scale quantitative surveys (including rural–urban comparisons) to measure burdens and predictors of compliance, so policy changes are evidence-based and responsive to underserved groups.

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