

WHAT PHARMACISTS ARE DOING FOR THEIR CPD

Whether or not they have received “Plan and record”, the Royal Pharmaceutical Society’s guide to continuing professional development, pharmacists are getting to grips with CPD. There are two types of CPD: learning that starts at reflection and learning that starts at action. For this article, The Journal asked pharmacists working in different sectors of pharmacy to describe the activities they have been doing for their CPD

COMMUNITY PHARMACIST — IDEAS FOR CLINICAL GOVERNANCE

Louis McAree is a store manager at a Boots pharmacy in north London. He is a preregistration tutor and for the past 18 months, he has been the chairman of Camden and Islington Local Pharmaceutical Committee. In his spare time Mr McAree enjoys playing golf and driving his new Morgan sports car

Reflection Clinical governance is something we hear about frequently. Because it is a concept that will critically affect the way we work in the future, a thorough understanding of what it means in practical terms is useful to my role as a pharmacist and manager, and on the LPC. Its also good to be able to pass on good practice to preregistration trainees.

Planning Tackling clinical governance was quite high on my list of priorities and I wanted to do it by the end of the year. I had several options, but I chose to attend a CPPE workshop because it allowed me to learn in different ways: the pre-workshop exercise meant I thought about what I already knew and the workshop itself allowed me to network and listen to an expert (Dr Andrew Burnett, chairman of Barnet PCT executive committee).

Action I attended the workshop and completed both the pre- and post-workshop exercises.

Evaluation As a result of the workshop, I’ve developed ideas for taking clinical governance further in my pharmacy. For example, we now record interventions such as querying the dose on a prescription. I also gained confidence in bringing practice issues to the attention of the PCT. I believe my needs were met to a point, but clinical governance is such a big field that I will need to revisit it and refine my learning. My next step is to review clinical governance in my pharmacy at a later date.

Recording Although I’ve received the Society’s “Plan and record”, I don’t use it. I record my CPD using the folder provided by Boots



because that’s what I’m used to. It was a bit of a culture shock looking at “Plan and record”. Its recording format requires more detail compared with the one I currently use and although there are some good examples of how to fill in the sheets, it will take some getting used to.*

At this stage, I won’t be keeping records electronically on the Society’s website. I’m more comfortable with writing my records on paper. Also, I don’t think that we should have to pay the connection charges for logging on and typing out our records. We need to be able to type up records off-line and only connect for the purposes of sending our records.

*As “Plan and record” is rolled out to all areas Boots says it will encourage its pharmacists to use the Society’s templates or website to record CPD.

PRESCRIBING ADVISER — KEEPING AN EYE OUT FOR NEW EVIDENCE

Louise Winstanley was a community pharmacist for 16 years before being appointed as the prescribing adviser for Chorley and South Ribble Primary Care Trust. She has two sons, aged five and nine, and has been a Centre for Pharmacy Postgraduate Education tutor for north west Lancashire. Mrs Winstanley also worked as one of the volunteer pharmacists in the athlete’s village medical centre during the Commonwealth Games in Manchester last year

An example of my CPD is my response to the information that people on a coronary heart disease register should not take ibuprofen and aspirin together (P7, 15 February, p217). When the information came out, I read the report. I thought about whether or not I agreed with the evidence and, if so, what I should do about it. I also reviewed the latest related advice Chorley and South Ribble PCT had given to general practitioners — was it up to date with the current evidence? Finally, I met with colleagues to decide if our policy needed updating, either completely, or by sending out amendments.



The area of competence in “Plan and record” that this learning relates to is G5: drug therapies in the context of overall patient and disease management. Having read the available information, I applied what I had learnt by writing the amendment to the PCT advice. The fact that I was able to do this meant that my learning had been effective. The findings of the latest research (from the medicines monitoring unit at Ninewells Hospital, Dundee) was not conclusive, so a further learning need is to keep an eye out for new evidence and follow up by sending any new information to practices.

CPD gives me the confidence to do my work to a better quality and enables me to continue to improve. I’m not a natural reflector — I’m a mixture between “give it a go, let’s get on with it” and “how does it work in practice.” Using the CPD framework reminds me to

reflect. Currently, I use the paper version of “Plan and record” to keep my CPD records. I would use the website, but don’t like the fact that I have to be online to write up my records. Having been a CPPE tutor has helped me with writing records, but I think many pharmacists will need more support. I’m a branch secretary for Central Lancashire branch and we are organising meetings where members can bring in their records for peer review.

I’m well supported in my CPD through work, because the PCT knows that it is essential for advisers to be up to date. I find that I learn best by teaching and applying my knowledge, so it is essential that these aspects are part of my current role. I’m able to access excellent training and information through the CPPE and National Prescribing Centre, which provide different but complementary support.

HOSPITAL PHARMACIST — CONFIDENCE TO DO MY JOB BETTER

Ranjan Patel worked as a community pharmacist for 11 years before becoming a B grade pharmacist at the Royal Free Hospital, London. The mother of two children, Mrs Patel has a busy family life and is the treasurer for a committee that organises events for young people in her community*

Reflection and planning One example of a piece of CPD I’ve done comes from my first ward visit assessment. After the assessment, I thought about what went well and what didn’t go so well. The assessment made me realise that I needed to gain more confidence in applying the hospital’s intravenous drug policy, because we have patients on iv medicines on most wards. I thought about how I might achieve this and decided that I needed hands-on learning. I didn’t want to have to look for or wait for a course or workshop — I wanted to improve as soon as I could.

Action So, every time an iv drug was prescribed on my ward, I would make a point of looking it up in the hospital guidelines and checking the dose, administration and any precautions needed. For example, if iv phenytoin is prescribed, the chart needs to be endorsed with “ECG and BP monitoring”. I would also speak to colleagues if there was anything I was unsure of.

Evaluation The continuous practice of using the guidelines to check every iv drug prescribed has definitely consolidated my learning. For example, now I know straight away that an infusion of metronidazole needs to be given over 20 to 30 minutes. And I feel more confident now, compared with my first visit. I started to take my learning further by talking to nurses about the technicalities of administering iv drugs and speaking to senior pharmacists or pharmacists who work in the intensive care unit, where iv drugs are used a lot. I could have also attended a workshop on iv drugs.



Recording Even though I do a lot of work on my development, it’s the recording of it that I find difficult. I feel I accumulate a lot of knowledge, but have a fear of writing it down using the correct terms. I suppose this will improve with practice. Also, it’s not often that I can find a quiet moment to sit down and think about what I’ve learnt.

**Mrs Patel has since returned to community practice.*

PHARMACIST IN INDUSTRY — CHECKING ON THE LAW

Mel Smith is global health care professionals relations manager at Reckitt Benckiser Plc. Mr Smith is chairman of the Industrial Pharmacists Group and a committee member of Hull branch of the Royal Pharmaceutical Society. In his spare time he fishes and, occasionally, he writes articles for the pharmacy press

How does the cold and theoretical concept of CPD development fit into the normal working day of an industrial pharmacist? Here is an example. As a result of a telephone call to our medical information department from one of our customers, I was asked to check on the law relating to child-resistant containers. I had read a discussion document (MLX 291 child resistant packaging) on this several weeks before, but realised that I did not know if, as a result of this document, a change to the law had taken place.

The quickest way for me to check was to contact our legal and packaging departments. E-mails from both these departments said that nothing had changed. I then reviewed my comments on the document and the joint submission from the company.

The MLX only applies to medicines containing aspirin, paracetamol or iron. Packaging materials that meet the standard specified



by the MLX have yet to be tested, but the adoption of this standard will require modification of the production line. A record of the comments sent to the medical information department are logged in our medicines information unit database.

I keep records of my CPD in the Reckitt Benckiser continuing professional development tool kit. Sometimes, it is difficult knowing what to record, especially when learning is part of the normal working day and where swift action is required. Much of the writing up of the process in this example is simple enough, if the CPD headings are used:

- I identified a lack of up-to-date knowledge on child-resistant packaging
- I thought about and planned how I could acquire the latest information

- I acted by checking my own records, contacting personnel in relevant departments and looking at the information to be able to answer the query

However, evaluation of the process was more difficult — what are the implications of this recommendation and what have I learnt? Adoption of the MLX could make it more difficult for children to access medicines, but it may also mean that it is more difficult for the patients who need these medicines to access them. If these people are disabled it may be possible for a case to be brought under the Disability Discrimination Act. Knowledge of this legislation is necessary so that we can help our customers understand the needs of these patients. This is another possible subject for the CPD process. CPD is something that all pharmacists undertake in their normal working day. It doesn't consume as much time as some of us would believe.

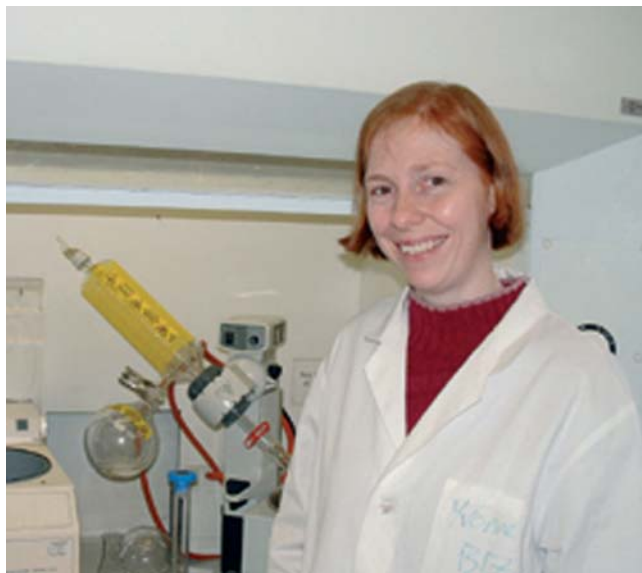
ACADEMIC — BETTER ABLE TO DEVELOP DRUG DELIVERY SYSTEMS

Yvonne Perrie is a lecturer in pharmaceuticals at Aston Pharmacy School and is an Academy of Pharmaceutical Sciences committee member. Dr Perrie has a young daughter of 14 months. Here, she gives an example of learning that starts at action

Generally, my CPD needs are recognised through personal development planning, which is part of the appraisal system at Aston Pharmacy School. However, the various conferences I attend give me many opportunities for unscheduled learning. Notably, at the recent Controlled Release Society meeting in Glasgow, the UK and Ireland chapter of the Controlled Release Society and the Academy of Pharmaceutical Sciences jointly hosted a one day symposium entitled "Syndromes and treatments" where a mixture of clinical and drug delivery experts met to "juxtapose the delivery aspects with the clinical needs associated with the disease state". Looking at the programme made me realise that my clinical knowledge of conditions of the gastrointestinal tract was limited. I decided that this required attention because a deep understanding of a syndrome means that you are better able to develop drug delivery systems.

Using the titles of presentations in the programme, I set myself learning objectives before the session. For example, under "Fighting *Helicobacter pylori*" my objectives were to be able to identify why antibiotic therapy may not effectively kill the bacteria and to describe two gastric retention methods that can be employed to circumvent this. By setting learning objectives I ensure that I learn actively during the session instead of listening passively. This approach also makes it easy for me to say what I learnt after the session.

I attended the session and took notes of the presentations. I have kept a copy of these notes in my CPD records, as evidence. As part of my postgraduate certificate in teaching and learning at Aston, I had to complete a portfolio and gained valuable experience in applying and documenting CPD, so I have chosen to continue using this system. However, the Royal Pharmaceutical Society's format con-



tains good prompts and I have incorporated some of these in the way I write my records.

A further learning need identified by my evaluation is to understand more about the targeting strategies that can be used to fight *H. pylori* — this will be useful in developing effective drug delivery systems for this purpose — and I plan to do this by self-directed reading, starting a second CPD cycle. Initially, the thought of CPD filled me with dread but I quickly appreciated most of us in our day to day activities are constantly undertaking CPD, though perhaps not actively logging it.

CIVIL SERVANT— LEARNING MORE ABOUT REGULATION

Diane Leakey heads the information centre at the new Medicines and Healthcare products Regulatory Agency (MHRA). This organisation was recently formed by the merger between the Medicines Control Agency (MCA) and the Medical Devices Agency (MDA). Ms Leakey's team of 15 is responsible for communications, the agency's intranet, internet, medicines information, library services, publications and its central enquiry point. Ms Leakey has worked at the agency for nearly 16 years, seeing the MCA through from its inception to its recent merger. Her main hobby is orienteering, which involves commitment to training during the week, travelling and competing most weekends

Reflection Given my agency's (MCA) recent merger with the MDA, I decided I needed to know more about the regulation of devices.

Planning I decided the best way to proceed was to learn from colleagues at the MDA, search their website and use the MCA library to help identify suitable published articles.



Actions Small teams (eg, an internet editing team) from common service areas of both agencies had been set up and I used these as opportunities to learn about devices regulation. The library and internet also provided information. One additional learning opportunity arose when a seminar from the MDA board was arranged.

Evaluation The main difference I've found is that whereas medicines have a system of pre-marketing authorisation, devices are more self-regulating, based on post-marketing surveillance and conformity assessment due to their shorter product life span. I've used this additional knowledge when working on our central enquiry point because we now handle queries about the regulation of devices as well as medicines.

I used the Society's "Plan and record" format as a tool to help pinpoint issues that might impinge on my job over the next year and how they might affect me. This certainly helped me identify the

learning objective and various solutions. However, you do also need to be open to new opportunities as they arise, such as the seminar which was not identified during my initial planning stage.

I found the evaluation of each learning stage the hardest, probably because I do it naturally, without thinking about it. It's difficult to put it into words on the system.

In the past, I used to undertake training and professional development in rather a haphazard way, such as a course I liked the sound of, or an article that seemed interesting. I certainly did not record assessment of my development or my evaluation of its effectiveness and, being quite an analytical person, this surprised me on reflection. CPD has provided me with a more focused approach to any development I now undertake. For me, it has not been an added burden as long as I make records regularly and as soon as I undertake something. I really do believe we have all been doing CPD since we qualified, we just haven't bothered to record it in this way before.

ADMINISTRATOR — BECOMING MORE EFFICIENT

Robert Dewdney is head of education at the Royal Pharmaceutical Society. He leads a team of a dozen or so people at the Society and is learning to play the piano in his spare time. Dr Dewdney has been using the Society's template to record his CPD. Since the original CPD pilot, he has been keeping electronic records. This example is adapted from one of them

Reflection I wanted to learn to auto-number headings, sub-heading and paragraphs using Microsoft Word. For years, I have only been able to do this in part, and often problems arise when I go back to a document file or transfer it to another PC (ie, this objective was identified through critical incidents and personal interest). The competencies to which this objective relates includes: uses and limitations of information technology, staff training and development and communication (verbal, non verbal and written).

Planning I judged this objective to have a high impact on myself, but a moderate impact on colleagues and users of my services and a low impact on my organisation. However, I thought it would make things tidier and more efficient for me and the users of my documents. I thought my learning would also put me in a position to help others get to grips with this feature of the Word program. So, I planned to meet this objective by November 2002.

Actions Three activities that I could have undertaken are working through a book such as "Word 97 further skills", asking the human resources department to book me on a course or getting an experienced user to run me through it. All had advantages and disadvantages, but I chose to track down the book.

Evaluation This learning objective was partly met — I continued to use outline numbering with fewer problems than before. My secretary has noticed an improvement. I have yet to get to grips with more detailed features of the program but this would require access



to an expert user (the book does not cover everything), but for now my need is sufficiently met and pursuing an expert now would take effort which would be disproportionate to the gain.

SHARING EXAMPLES OF CPD

If you would like to share an example of your CPD with other pharmacists, contact Lin-Nam Wang at lin-nam.wang@pharmj.org.uk or telephone 020 7572 2413.