

Pharmacists and their CPD in 2004

By November, all pharmacists with registered addresses in Great Britain will have received their "Plan and record" through the post. *The Journal* asked a handful of pharmacists to give an example of the continuing professional development they have done this year

Superintendent pharmacist — understanding new areas in public health

Tricia Kennerley is superintendent pharmacist and NHS services director for Moss Pharmacy. In her spare time Miss Kennerley spends her time renovating her cottage. She also enjoys golf and skiing.

Reflection Last year, I identified the need to develop my understanding of the role of pharmacists in public health. This need was identified from increases in media coverage of public health (particularly weight-related issues) and the release of the Department of Health's consultation paper "Choosing health", which highlighted possibilities for pharmacists in new areas of public health. I decided that I needed a better understanding of these new areas in order to influence senior management colleagues to invest in them and to work with my team to develop the Moss Pharmacy healthy heart campaign.

Plan I identified several action points:

- Read fully the "Choosing health" document
- Search the internet for recent articles about public health (primarily pharmacy and medical journals from the UK, US and Australia)
- Have discussions with members of my team who are experts in this area

Action These actions took around 10 hours overall.

Evaluation Completing these action points allowed me to have strategic input into Moss Pharmacy's public health campaign. As a result of this, our healthy heart campaign gained wide backing from the senior management. This CPD record relates to competencies G17 (effect of lifestyle on health) and G18 (health education and promotion respectively), as well as G14 (evaluation and use of reference sources in support of evidence-based practice) in "Plan and record". Many of the articles found on the internet contained useful evidence on the relative effectiveness of various public health interventions.

Recording Moss Pharmacy introduced its own CPD portfolio for use by its pharmacists in 2001; this follows the same format as the one used by the Society. Over the past few years, Moss Pharmacy has been encouraging and rewarding participation in CPD through its staff bonus scheme.

The prospect of doing CPD is much worse than the reality. Once you have broken the barrier of completing a couple of recording forms, it becomes much easier. You quickly learn to recognise your learning needs and how you have applied what



you have learnt. I am pleased I took the plunge early and would recommend any pharmacist to give it a go before it becomes mandatory.

Hospital pharmacist — taking action following an incident

Laura Cameron joined the register in 1997. She is the chemotherapy preparative service manager at a large teaching hospital, managing five pharmacists and 10 technicians in a satellite pharmacy that makes intravenous chemotherapy doses. In her spare time, Miss Cameron goes to art exhibitions. Her favourite exhibition so far this year has been Tamara de Lempicka at the Royal Academy.

Part of my job is to meet research associates to set up clinical trials in terms of reviewing the protocols and agreeing a pharmacy financial contract. This example of my CPD came from an incident during a phase I trial of a brand new compound.

Our unit normally prepares prescription proformas for each dose cohort, stating the dose level, the infusion fluid and anti-emetics, so the prescriber is only required to enter the dose. In this case, one doctor accidentally used the wrong cohort prescription proforma. When a member of my team clinically



screened this prescription, this was not identified. Consequently, the patient's dose was from the wrong cohort and, therefore, not in accordance with the trial procedure (but in this case no harm came to the patient and the trial was not compromised).

Dose cohorts have to be filled consecutively. If a trial is run across several centres, cohorts will be filled sequentially with patients from these centres. However, in this case, we were the only centre running the trial.

On reflection, in the initial trial set-up meeting, I had failed to realise that we were the only

centre and to communicate this to my team. If I had done so, the fact that a patient was being placed in a second cohort before the first had been filled would have been unusual and the mistake would not have occurred.

I identified issues regarding my communication skills, the process I use to set up trials and the design of the proforma used. I talked these through with the head of pharmaceutical quality assurance at the hospital and discussed ways to prevent this kind of incident from reoccurring. I also spoke to the doctor involved, the trial's research nurse and the pharmacy team.

I am reviewing how I introduce new clinical trials to the unit and how information relating to each trial is recorded. One of the outcomes of this event is that we now have a notice in trial folders stating the number of patients per cohort and that each cohort must be full before moving to the next.

I think this example shows that the action taken following reflection of an event may not necessarily involve a structured plan or attendance on a course.

I received the "Plan and record" folder a couple of months ago and I have not had a chance to look at it properly, but I am famil-

iar with the CPD cycle because of the diploma in pharmacy practice I did at the London School of Pharmacy. I used to make CPD records, but I have not made any records lately because of the time it takes.

Things come up during my working day that are more urgent so although I do CPD, recording it is not a priority. I do keep a note of the things I have done.

I am practising and keep up to date with clinical advances and technology by reading and attending conferences, but I need to find time to record my CPD outside working hours.

Primary care pharmacist — learning from a weight management project

Samixa Shah is practice support pharmacist for Barnet Primary Care Trust. She was formerly a Centre for Pharmacy Postgraduate Education tutor for North London and North Middlesex. Mrs Shah is a volunteer class representative at her son's school and has recently completed an eight-week course on meditation.

Reflection In September 2003, the PCT asked me to manage a six-month weight management project. Each pharmacist involved was to screen and recruit 15 potential clients by measuring waist circumference and blood pressure and calculating body mass index. These clients would meet the pharmacist once a month to check their progress and to obtain advice and tailored information (eg, on food fat content).

I had to write objectives for each month. Thinking through each stage of the project led me to identify areas for my own development and plan for them. For example, although I have managed professionals in CPPE workshops, I had never done so in a long-term team project. I also thought that I needed to brush up on my computer skills (in order to generate the necessary paperwork efficiently) and my mentoring skills because the project presented a development opportunity for the six pharmacists taking part.

Plan and action Fortunately, my PCT offers in house training and details are e-mailed to us regularly. I could have looked at other courses, but the PCT ones were convenient in that I could attend during working hours. I chose a course on computer skills, learning how to use programs such as Word and Excel.

Revising things I had learnt already also helped. For example, I had previously worked through a CPPE workshop on time management and my diploma in community clinical practice (completed in 2002) required me to interview health care professionals. I took time to refresh my memory in these areas.

My CPD for this project covered many of the "Plan and record" competencies, including G18, G23, G27 and G28.

Evaluation One pharmacy helped 50 per cent of its clients achieve continual weight loss while the others had varying degrees of success. However, I was really satisfied with how I managed to write up the project (eg, I put results on spreadsheets) and to design user-friendly forms. Time management skills helped me keep on top of things over the six months. In terms of managing people in such a project, one of the things I have learnt is that it would be useful to find out what people's ideas and motivations are before recruiting them. Some of the participants did not realise how much work would be involved and those who were not well motivated did not achieve good results. As a result of being involved in this project, I



have been asked to participate in the obesity forum group for Barnet PCT.

Recording I used to make my CPD records on paper but in January I started using the on-line records. I prefer this because it is easy to amend what I have written.

Although I have always tried to look at what I need to learn in all instances, I think that CPD has made me more reflective. I believe that all pharmacists are learning all the time but often do not recognise this as CPD.

Clinical governance pharmacist — crystal ball gazing

Tim Root is a specialist pharmacist for clinical governance and technical services, with London, Eastern and South East Pharmacy Services, based at Chelsea and Westminster Hospital. Outside work he enjoys DIY, cooking, reading historical novels and making model sailing ships from kits. Mr Root is particularly interested in 18th and 19th century naval history and is a "late convert to the gym".

Reflection A major element of my role is strategic planning for cancer chemotherapy service provision at both local and national levels. One of the many factors that is likely to influence trends in chemotherapy in the next five to 10 years is pharmacogenetics.

I realised recently, however, that I knew almost nothing about the science involved

and, therefore, did not really understand exactly what impact to expect or when.

Plan and action While wondering how to fill my knowledge gap (without having to admit publicly that I needed to do so!), I was serendipitously invited to a sponsored meeting on exactly this topic, run by the University of Cambridge. I have no idea why



face whenever pharmacogenetics came up. The meeting took one and a half days and I had to fit this into my normal work schedule.

Evaluation I came out of the meeting not only knowing much more about genetics itself but being much more aware of its implications for the future use of medicines in general and in cancer chemotherapy. In particular, the meeting also introduced me to areas, such as the possible commercial implications, that I had not previously thought of at all.

As a consequence of my own improved understanding I felt (just) confident enough to start to introduce pharmacogenetics and its implications into

discussions with others and to start considering its impact on some of the strategic planning and horizon scanning (all too often perhaps more accurately described as “crystal ball gazing”) with which I am involved.

Recording Now I am supposed to say something about writing it down but of course I cannot, because I have not yet started to do this properly. I suppose, though, this summarises what I think about CPD. I know it makes sense and that I have to do it. I know I do it pretty much every day. What I do not do (and where, I hope, I am not way out of step with many of my peers) is formalise the process by writing it down. This is the bit I now have to discipline myself to do.

I have read and, with the support of a facilitator, tried the Society’s “Plan and record” format. As an introduction and guide to formalising the CPD cycle I found the content helpful but it did not always reflect my own way of thinking. That may well change with regular use but I think I still prefer a less rigidly structured approach, like this article, for instance.

I was invited, but can only suppose that someone had spotted the puzzled look on my

Council member — getting to grips with new roles

John Jolley worked in industry for 35 years until 1999, when he left his job as technical director for Boehringer Ingelheim to take up various roles, which include medicines management pharmacist for South Norfolk Primary Care Trust, setting up a national drugs distribution for Prime Care services and freelance consultant to the health service and industry. However, he is still a Qualified Person. This year, he was elected to the Council of the Royal Pharmaceutical Society. When he has spare time, Mr Jolley enjoys sailing and golf.

My CPD is diverse. I run a number of training courses for people who wish to become Qualified Persons. This requires a considerable amount of CPD because I need to attend regular meetings and keep up to date with new legislation. I have just completed writing a code of practice for the European Industrial Pharmacist group.

Since leaving industry in 1999, I have done different CPD because I needed to become competent in my new roles. For example, in order to become a medicines management pharmacist, I attended courses organised by the National Prescribing Centre. These were mainly clinical. Although I was familiar with aspects of drugs I was responsible for producing in industry (eg, respiratory and cardiovascular medicines) there were other areas (eg, diabetes) that I needed to improve on.

This year, I have continued with my medicines management development but I have not done quite so much in view of my duties on Council. Some of my CPD is now council-related. On being elected, the Society advised me to attend various induction



courses, covering subjects such as strategic management training, statutory requirements and how the infringement committee works. It helped me to identify where I needed to develop. I found these courses valuable and they helped me familiarise myself with what is going on in Council.

Admittedly, I have been remiss with making records so far, but I shall be doing so by the time we go “active” in 2005. You can still do CPD without making records. Records are only necessary to get recognition from the Society. I have received “Plan and record”. The format is good, once you get into it. I think I favour written records rather than the electronic ones though — with paper I feel more in control, as do many of

my age group who are not totally at ease with online activities.

As an industrial pharmacist, I undertook CPD for many years. I always worked out a personal development programme, defined career objectives and organised the training and practice experience. Activity from previous years was always reviewed and effectiveness of the learning agreed. When I left Boehringer and started as a consultant, CPD became more difficult because I no longer had annual appraisals. Here I found “Plan and record” useful in helping me to plan my CPD. My message for pharmacists in industry is that if you have annual assessments and a development programme, there is really nothing additional you need to do except enter the information from your appraisal into the CPD format the Society requires.

CPD update

The Royal Pharmaceutical Society is to publish a further guide for making CPD records at the end of the year. In addition, the competencies for pharmacists have been reviewed and new competency lists (including ones for primary care pharmacists, academics, pharmacists in industry and supplementary prescribers) are to be published by the end of the year. Pharmacists who choose to record their CPD electronically will be able to do so offline by the end of the year.

CPD sharing

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