

## Community pharmacist: delivering new PCMS services

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I have delivered several new services via a “pharmaceutical care model scheme” (PCMS). The accreditation process, followed by service provision, exemplifies the CPD cycle. My reflection begins as soon as I become aware that a PCMS is in the pipeline — this may be because I have heard a rumour about it or because I have received a letter or e-mail from the PCMS co-ordinator. It is relatively easy to formulate a plan of action; preparing to deliver the new service generally involves attending a training event or completing the prescribed distance learning pack, or both, and studying the implementation pack provided, which contains service specifications, relevant paperwork, and information on remuneration. Such information has been spoon-fed to me, but so what? It is a prerequisite to delivering the new service, I have without exception learnt from it, and it inevitably leads on to further reading. The action stage of the cycle is self-explanatory — I execute my plan.

As for evaluation, once I start to deliver the service examples of how I am using my new knowledge in practice materialise and I can document positive customer feedback. One example is a patient who participated in the asthma PCMS expressing gratitude that she had been able to exchange her enormous shopping bag for the neat little Burberry handbag she had always wanted. She had never been offered an alternative to the Volumatic spacer she had to carry everywhere because she found it impossible to co-ordinate activation of the inhaler with her breathing. A simple telephone call to the asthma clinic was enough to change her prescription and she now benefits from a breath-actuated inhaler. If I had not worked through the PCMS questionnaire with this patient, she probably would have never volunteered that she found the Volumatic too bulky to carry around. Moreover, it puts a smile on my face every time I see this patient with her new handbag. And I have many more examples of how my CPD has had



a direct influence on the well-being of a patient.

After I qualified as a pharmacist in 1994, I regularly performed CPD in some shape or form. Back then, however, I did not call what I did CPD. I called it “checking something in the British National Formulary”, “reading my *Journal*”, or “distance learning”. Perhaps my learning then was not reflective enough; probably I picked only those subjects which were of particular interest to me rather than identifying actual needs. I am sure that I must have reacted to obvious knowledge gaps, but I cannot say for sure because I did nothing to record my learning. Nowadays, I record my CPD online, using the Society’s website. Learning how to accomplish this was a CPD cycle in itself (I am not particularly computer literate) but I now believe this to be the most efficient method of record keeping. It takes only a few minutes to log on and add to my records as and when I see fit.

CPD is not just something that has to be done to placate the Society — it is a truly useful and versatile tool I can use to improve and update my skills and knowledge. This directly translates into improved performance in the workplace (or I am not doing CPD effectively). In terms of CPD, I am mistress of my own destiny, tailoring my own development to be-