

PROFESSIONAL DEVELOPMENT AND POSTGRADUATE EDUCATION

This month's special feature looks at how pharmacists should prepare themselves for undertaking mandatory professional development and what formal postgraduate courses are available for pharmacists

PREPARE YOURSELF FOR MANDATORY CPD

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In this article the author looks at the Royal Pharmaceutical Society's planned scheme for mandatory continuing professional development, how pharmacists can get started and who will help them



Not all continuing professional development is planned, learning on the job is equally valid

Most pharmacists will be aware by now that mandatory continuing professional development (CPD) is on the way. The Royal Pharmaceutical Society's Council has approved development of a CPD scheme. This is currently being tested in specific areas on a voluntary basis, with plans to move to a mandatory system when the necessary legislation is in place.

Once the mandatory scheme is up and running pharmacists will have to show evidence of satisfactory CPD. The system will apply to everyone who wishes to practise — there will, for example, be no exemption for those who only do "occasional locums."

The message for pharmacists who have not yet begun to think in terms of CPD is to

start now, to avoid being caught out when the time comes.

WHAT IS THE SOCIETY PLANNING?

Details of the Society's scheme are not finalised, however, the framework that is being worked up through pilots is likely to be the model for what is put in place for the whole of the profession.

This framework involves pharmacists keeping a CPD portfolio and submitting a record for assessment once every three to five years. Documentation for recording will be made available.

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Fred Ayling, CPD officer at the Society, believes that the earliest date for launch of a mandatory scheme is the end of 2003 and that it is more likely to be 2004. A Parliamentary Order under the Health Act 1999 is needed to give the Society the power to make CPD mandatory and, once this is granted, regulations for CPD requirements for continued eligibility to practise have to be drafted. The Society's committee responsible for CPD will also have to conform to the Government's requirements for regulatory committees, for example, in terms of its proportion of lay members.

The current state of play is that two pilot phases of the Society's scheme have been completed and a planned geographical roll out of the voluntary system will start in September. This will initially involve

around 5,000 pharmacists — pharmacists in the north-west of England, all preregistration tutors and tutor managers in Britain plus those pharmacists who have signed up for the Society's CPD pilot.

These pharmacists will receive a CPD information pack and they will be able to keep written or computer-based plans and records of their CPD. (Ultimately, the Society hopes that all records will be submitted electronically.) Introductory workshops and study groups will be organised, through the Centre for Pharmacy Postgraduate Education (CPPE) and the branches, to support pharmacists. CPD is not new to preregistration tutors and tutor managers, many of whom already undertake this as part of their tutor preparation and development, but the recording format will be unfamiliar to them.

Similar arrangements will be made as and when the scheme is rolled out to other areas. This will start next year and it is possible that the scheme will be running on a voluntary basis in all areas by the time CPD becomes mandatory. Mr Ayling says that all pharmacists — not just those for whom the scheme has rolled out — will be able to access information on CPD later this year on the Society's website and will be able to download the recording forms.

Pharmacists who took part in the phase 1 pilot study are said to have reported increased confidence and competence from undertaking CPD. Phase 2, which involved different ways of evaluating CPD records and providing feedback, is currently being analysed.

Once mandatory CPD is in place, there will need to be some way to distinguish those pharmacists who have practising rights and those who have not. Mr Ayling says that no decision has yet been taken on how this will be done. There might eventually be multiple registers or one register annotated in some way to denote areas of practice for which an individual is deemed competent. Whatever system is chosen, it is clear that a pharmacist's CPD has to be tailored to the type of work that they wish to undertake. Completion of satisfactory CPD could eventually be a component of a revalidation process.

HOW WILL CPD RECORDS BE ASSESSED?

Alan Nathan, a member of the Society's CPD implementation committee, says that the idea will be to check that the process has been addressed correctly rather than to check the content of continuing education (CE) that has been done.

"Assessors, who will not necessarily be pharmacists, will check whether pharmacists have gone through the four CPD steps — reflection, planning, action, evaluation — and whether they have done it appropriately and honestly," Mr Nathan explains. If the CPD records are not up to scratch, pharmacists will be offered help and asked to resubmit. "People who 'do not' [do CPD] will be removed from the practising register while people who 'cannot' will be helped, possibly more than once, but eventually in all likelihood they will be removed

What CPD means and how to do it

Continuing professional development (CPD) is not the same as continuing education (CE). Rather, CE is one component of CPD. CPD is generally seen as a four-stage process involving:

- 1 Reflection — to identify what you need to know or to be able to do
- 1 Planning — on how to meet these personal needs
- 1 Action — work undertaken to meet these needs (the CE component)
- 1 Evaluation — on what has been learnt and how this can change your practice

CPD requires a personal development plan, which should be designed to meet individual professional needs, the employer's needs and the service development needs of the NHS.

'Medicines, Ethics & Practice' gives guidance on identifying CPD needs. It recommends that pharmacists assess their current practice, as follows:

- 1 What are you doing less well than you would like?
- 1 Where are you not confident of your capabilities?
- 1 Are there any developments in your practice for which you need to prepare?
- 1 Are there any patient needs you are unable to meet at present?

From this assessment, pharmacists can identify what new knowledge or skills they need to acquire.

There will be no CPD syllabus, as it is up to individuals to decide how to meet their own needs. Different pharmacists will use different learning activities, depending on their personal needs and preferred learning preference, eg, for group or individual learning. There will also be no defined minimum amount of CE as pharmacists will do as much as is required to keep up to date.

Not all CPD is planned, and informal CPD, eg, from learning on the job, is equally valid. Robert Dewdney, head of the Society's education division, has described CPD as "everything that you learn that makes you better able to do your job."

from the practising register until such time as they get it right," he believes, although no final decision has been made on this.

HOW TO GET STARTED

Pharmacists are being advised to start thinking about CPD if they are not already doing so. "Mandatory CPD is going to come as a huge culture shock and it is important that pharmacists start now, at their own speed, to build confidence before the mandatory scheme," says Guy Thompson, deputy director of the Welsh Centre for Postgraduate Pharmaceutical Education (WCPPE).

The national CPPE centres are developing material to help pharmacists with their CPD. They believe that guidance will particularly be needed in identifying personal learning needs and in recording CPD.

"Documenting CPD is certainly something that pharmacists are concerned about. How much detail will we have to give, how do we record the informal aspects of CPD, and how much time will it all involve? We have not done this before and it is a huge challenge," says Rose Marie Parr, director of the Scottish Centre for Postqualification Pharmaceutical Education. "The key will be for the Society to be clear in what it is asking pharmacists to do," she says.

The CPPE centres will not be involved in CPD assessment. "We will be guiding and facilitating. Assessment is for the professional body," says Ms Parr.

WCPPE has just produced a "CPD portfolio development toolkit." This dis-

ance learning pack introduces the idea that learning can involve a variety of activities other than attendance at formal educational events. "We are trying to break away from the idea that CPD is about course attendance and that CPD is another name for CE. We are encouraging pharmacists to think more about things such as critical incident analysis and structured journal reading," says Mr Thompson.

He adds: "If you are reading *The Pharmaceutical Journal* in an organised way, and documenting it, this is every bit as valid as attending a course on something that may not be so well focussed to what you actually need. Certainly CPD includes courses, distance learning, etc, but it also involves opportunistic learning (learning from doing)."

The WCPPE pack also offers guidance on how to document activities in a way that fits with the ethos of CPD, ie, "how much has what I've done actually developed me," rather than "how long did I spend on it." The pack encourages reflection with three key questions: key point learnt; how am I going to put it into practice; and do I need to do more on this subject area?

From a pilot study of the WCPPE pack, Mr Thompson says that pharmacists do initially have difficulty in identifying learning needs. However, once this is done, addressing the needs is relatively straightforward. The WCPPE website now has a CPD area to support the portfolio pack.

In England, Jennifer Archer, assistant director, Centre for Pharmacy Postgraduate Education, says that they are developing

Examples of learning opportunities

- 1 Attending courses
- 1 Distance learning packs
- 1 Journal reading
- 1 Branch meetings
- 1 Postgraduate academic study
- 1 Study groups
- 1 Opportunistic learning, eg, learning from a mistake made, from problem solving, audit, discussing a problem with a colleague, or networking with other health care professionals

materials and mechanisms to support pharmacists' CPD. "We are looking to see how we can support and work in partnership with the Society," she says. Her view is that there is still confusion on what type of learning is relevant. "Many pharmacists think that CPD relates to formal learning but the informal part is just as important. CPD does not all have to come from 'accredited' learning. You can learn equally well from an intervention with a general practitioner, or a patient, or from reading an article."

The CPPE website includes guidance on identifying learning needs. Mrs Archer says that while CPPE tutors will be involved in CPD facilitation, they won't be able to meet all needs. She suggests that individual pharmacists will have to build their own local support network.

The National Pharmaceutical Association has also prepared CPD material for its members (available on the NPA website). This includes CPD diary sheets and a planning form, together with notes on how to go about CPD. The NPA Supplement also contains regular examples of completed diary sheets. "One idea we are trying to get across is that CPD does not relate just to clinical topics but includes staffing issues and broader practice issues," says Lesley Johnson, head of training. The NPA is hoping that the Society will accept paper-based CPD records, so that those who are not technologically minded will not be disadvantaged.

The pharmacy multiples are well ahead on CPD. Lloydspharmacy, for example, has produced a practical guide to CPD ("CPD Demystified") plus a portfolio to record activities. Andrea Turner, training and development manager, says that the guide explains how to plan learning and to structure outcomes from learning. "We're trying to prime our pharmacists for when the Society launches its scheme. We want to encourage pharmacists to start planning CPD now, and to dispel some of the myths — for example, that it takes a long time. People see it as a chore but it should be an integral part of what they are doing in the working environment."

Ms Turner suggests that pharmacists should keep a log of incidents that have developed their skills and knowledge, such

as an unusual request from a patient. "Someone may come in with a medicine bought in Italy and the pharmacist has to investigate what the equivalent would be in the United Kingdom. That is a learning experience as it will be useful if someone comes in with the same query in future."

The experts say that it is important to note that opportunities for CPD can also arise outside work. "Remember to consider your transferable skills," says Mrs Archer. "You can learn something outside the workplace that can be integrated into your professional life. If this has improved your practice, and therefore improved the outcome for your patients, your GP or your team, it's a process of learning."

Similarly, Andrea Turner says that involvement in public duties, such as being a school governor or Justice of the Peace, broadens understanding of many issues, and can in turn help to achieve personal professional needs. Voluntary work is also relevant. She gives the example of a pharmacist who is also a football coach who may develop skills that are relevant to coaching members of a branch team.

Boots set up "B" last year, a programme for CPD. The company says that its experience to date is that pharmacists do need specific support in formalising CPD by documenting it and in understanding the process for evidencing on-the-job learning.

Guidance on CPD is also available from the College of Pharmacy Practice. The college has for some years provided a portfolio for recording CPD and it is now promoting college membership as a means of encouraging CPD. It has produced a leaflet on "converting CE into CPD." The college also wants to be involved in CPD assessment. "We have suggested that the Society, rather than doing it themselves, look to us because of our expertise and experience," says chief executive Ian Simpson.

The Pharmaceutical Journal also recognises the need for pharmacists to begin incorporating the CPD process into their practice. It has recently launched a pilot that involves a change in the format of its CPD articles to encourage pharmacists to think about the stages of the CPD cycle, along with an accreditation scheme in which 500 pharmacists are being given the chance to have their involvement assessed by the CPP free of charge. "The aim of our pilot is to find the best way in which *The Journal* can facilitate CPD for pharmacists. We are trying to help pharmacists improve their practice. CPD is not so much about what you know, but how you use your knowledge," says Lin-Nam Wang, staff editor (CPD), *The Pharmaceutical Journal*.

CPD IS EASIER THAN PEOPLE THINK

CPD is much easier than people think, according to Alan Nathan, chairman of the Society's education committee and a member of the Society's CPD implementation committee.

"It's basically what most pharmacists are already doing intuitively. But they are not

yet thinking about it in a structured way in terms of the four steps of the CPD cycle and are not recording what they are doing. This is essential because recording what you did, and why, is your evidence."

Mr Nathan accepts that many pharmacists are confused about what mandatory CPD will entail and what the Society will require of its members. He acknowledges that communication has been rather poor. "The Society now knows more or less what the system is going to look like, and should in my opinion have started informing people via the website but they haven't yet done this."

Help with CPD will be most needed by independent community pharmacists and locums, he believes. "Hospital pharmacists and community pharmacists working for large companies are already well down the line with CPD. They work in an environment that provides for structured CPD, and have appraisal systems which set goals and monitor progress."

Mr Nathan's advice, for all pharmacists, is to start thinking about why they are doing whatever CE they are doing. "Some people go on a course just because it's there. Consider if it is relevant to your needs. Pharmacists should be planning CE from a personal point of view."

As regards opportunistic learning, he emphasises that CPD can often be a response to a problem that crops up at work. "A lot of learning occurs on the job and it all counts. Say you get a prescription for a new drug. You might look in the British National Formulary to find information about it, and you have therefore learned from this. You've maintained your competence in the job."

There is some debate over whether assessing CPD does indeed measure competence but there is currently little alternative, Mr Nathan says. "We have to assume that if CPD is done appropriately then the individual is doing what's necessary to maintain competence. The only real way to check competence is to test it in practice, but this is logistically difficult and expensive and we don't see that happening for some years, if at all. But it is a possibility. The Government might say that CPD is all very well but it doesn't prove you can do the job. They may insist on competence assessment."

He emphasises that the profession has no choice about mandatory CPD — if the Society was not introducing this on its own initiative, the Government would be requiring it to do so. The Government's view, highlighted recently in its response to the Bristol Royal Infirmary inquiry (Kennedy report), is that CPD should be compulsory for all health care professionals.

What will the Society's CPD scheme cost? Funding will initially come from members via the retention fees. Mr Nathan says that that costings have been done for five years and in no year will the contribution for CPD be greater than about £20 per member. The Society has said that there will be no need for further increases in the retention fee to cover these costs.