

CPD IMPLEMENTATION in a large NHS trust

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How continuing professional development for all pharmacy staff has been put into operation at the Hammersmith Hospitals NHS Trust, London

More attention is now being paid to continuing professional development (CPD) for all health care staff. The health service circular, "A first class service: quality in the new NHS,"¹ proposes a culture of lifelong learning in which CPD programmes are used to identify and meet the learning needs of individual members of NHS staff. This document defines CPD as "a process of lifelong learning for all individuals and teams, which meets the needs of patients, delivers the health outcomes and health care priorities of the NHS, and which enables professionals to expand and fulfil their potential."

A later circular, entitled, "Continuing professional development: quality in the new NHS,"² adds that "CPD should be a partnership between the individual and the organisation; its focus should be the delivery of high quality NHS services as well as meeting individual career aspirations and learning needs." According to this second circular, the majority of health care professionals should have had a personal development plan in place by April, 2000. The NHS Controls Assurance statements for medicines management also specify that all

staff involved with medicines should undertake continuing professional development.³ It is clear that CPD is high on the clinical governance agenda.

For hospital pharmacists, the key professional bodies have all endorsed the CPD concept. The Royal Pharmaceutical Society's code of ethics for pharmacists now states that at least 30 hours of CPD should be undertaken each year.⁴ Recently, it has even been proposed that evidence for this will need to be submitted to the Society each year in order to maintain a right to practise.⁵ The Guild of Healthcare Pharmacists, College of Pharmacy Practice and the United Kingdom Clinical Pharmacy Association also support the concept of CPD.

In recognition of the fact that pharmacy staff in NHS organisations were likely to require support in introducing CPD, the regional pharmacy education and training teams in the London and South East (South Coast) regions have produced some guidelines.⁶ These include the recommendation

that each site should have a nominated CPD facilitator and includes a support pack for facilitators to use when introducing the concept of CPD to their staff. A sample CPD portfolio is also available for facilitators to use and adapt. However, in practice, many hospital pharmacists are still struggling to identify practical ways of implementing CPD.

Hammersmith Hospitals NHS Trust is a large trust situated on three main sites. The pharmacy service employs 51 whole time equivalent (WTE) pharmacists, 57 WTE pharmacy technicians, and 22 WTE pharmacy assistants/other support staff. When the CPD programme was first mooted, it was considered essential that this should be for all these staff, rather than just pharmacists. However, there was concern that the implementation of CPD for all staff would be difficult and time-consuming. Two main problems were identified. First, although there is helpful guidance available on CPD for pharmacists, no similar guidance is readily available for other staff groups. Second, there seems to be little advice regarding the practical aspects of implementing CPD for large numbers of staff. This article describes our approach to addressing these issues.

AIM AND OBJECTIVES

The aim was to introduce a CPD programme for all pharmacy staff. The objectives of a successful programme were defined to be the following:

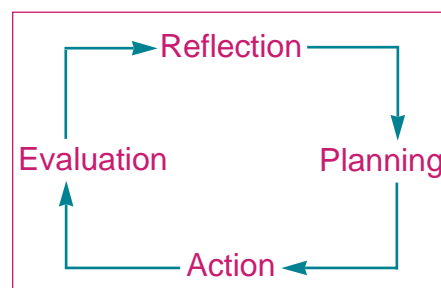


Figure 1: The CPD cycle

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- It must be achievable within existing resources
- There should be a consistent approach across all staff groups (pharmacists, scientists, technicians, assistants and other support staff)
- It should encourage individuals to be responsible for their own CPD
- It should not involve additional one-to-one mentoring, but should instead fit into existing mentoring, management and training structures

OPERATION

The approach adopted at Hammersmith Hospitals NHS Trust was based on the CPD cycle, shown in Figure 1 (p105). Since CPD applied to all staff, and not just phar-

macists, the acronym "CPD" was used to mean continuing professional/personal development rather than just continuing professional development.

It was also felt that CPD should not be compulsory, but that all staff should be encouraged to become involved and have access to appropriate support.

Our approach to CPD focuses on three main elements: a CPD support pack, training sessions and evaluation.

THE SUPPORT PACK

The Hammersmith Hospitals NHS Trust CPD support pack contains information on areas to help participating staff to plan and record their actions. The following can be found in the pack:

Introduction to CPD for all staff This explains what is meant by CPD, and provides details that the support staff can expect to receive from the department. The pack also explains how they are responsible for their own CPD. It is emphasised that CPD is not just about attending study days, responding to short term training needs or writing a personal development plan. Rather, it is all of these things and more. This document also explains that although CPD is the responsibility of individuals, others, such as their managers and mentors (if they have one), will be able to help them with their CPD.

Examples of training opportunities Separate lists of these examples have been developed for each staff group, including

Panel 1: CPD opportunities for B grade pharmacists

Here are some examples of CPD opportunities that may be the most relevant, interesting and useful for B grade pharmacists:

Therapeutics:

- Certificate in clinical pharmacy lectures
- Ward pharmacy meetings
- Covering specialist wards
- Attendance at consultant ward rounds
- Trust grand rounds
- Drug therapy updates from London regional pharmacy education and training
- Weekly pharmacy education and training meetings
- Diploma modules or full diploma / MSc in clinical pharmacy

Other education and training opportunities:

Hammersmith Hospitals NHS Trust training centre — see notice boards:

- Customer care

London regional pharmacy education and training — see notice boards:

- Presentation skills
- Management of change and project planning
- Time management
- Assertiveness, communication and influencing skills

Hammersmith Hospitals NHS Trust training programmes:

- 3 in 1 (manual handling/health and safety/resuscitation)
- Computers and IT training, various courses

Work shadowing: If you would like to observe work that is being done by other people in your section as part of your own development, please discuss this with your manager. Also consider attending:

- Senior staff meetings
- New drugs panel meetings
- Drug and therapeutics meetings
- Recruitment selection panels
- Ascribe-user group meetings

Reflective practice: Use your everyday work experiences to think about what you have done, how you have done it and how you could do it better or differently the next time. Reflection will help you to identify your training and development needs.

Panel 2: CPD opportunities for pharmacy assistants, administration/clerical staff, and delivery/stores staff

Here are some examples of CPD opportunities that may be the most relevant, interesting and useful for pharmacy assistants, administration and clerical staff, and delivery and stores staff:

Other education and training opportunities:

Hammersmith Hospitals NHS Trust training centre — see notice boards:

- Customer care
- Telephone skills

London regional pharmacy education and training — see notice boards:

- Good aseptic preparation practice
- Stores and stock control and handling
- Medical gases

Hammersmith Hospitals NHS Trust training programmes:

- 3 in 1 (manual handling/health and safety/resuscitation)
- Computers and IT training, various courses

Kingsway College summer school:

- Day courses for pharmacy assistants

Pharmacy department — see notice boards:

- Weekly lunchtime education and training meetings

Work shadowing: If you would like to observe work that is being done by other people in your section as part of your own development, please discuss this with your manager

Reflective practice: Use your everyday work experiences to think about what you have done, how you have done it and how you could do it better or differently next time. Reflection will help you to identify your training and development needs

Panel 3: CPD planning form

This form could help with the process of identifying CPD needs. Planned activities should be transferred to the summary personal development plan

Need/issue/skill/development for analysis
What is the issue that needs further analysis?

Planning
How will you meet this need or develop this identified skill? What action did or will you take, how will you implement the plan?

Learning outcomes
What are your intended outcomes/success criteria from this action?

Timescale
Target dates for review and completion

Action
Record of completion of planned learning activities

Evaluation
Have you achieved your intended outcomes? How has your practice changed? If it has not, what are the reasons? How might you use/apply this knowledge/skills in the future? What other learning needs has this identified?

pharmacy assistants and ancillary staff. Our aim was to highlight that there is a wide range of CPD opportunities available for all grades and types of staff. Examples are shown in Panels 1 and 2 (p106). However, it is emphasised that these lists are intended to provide examples only, and it may be appropriate for staff to undertake CPD opportunities other than those listed.

CPD planning form This was included to aid the process of identifying CPD needs, particularly in situations where members of staff find it difficult to identify specific CPD needs. An example is shown in Panel 3.

Record of action and evaluation This allows each member of staff to record details of both formal and informal learning opportunities undertaken, including the learning outcomes achieved and any further actions identified.

Summary personal development plan This is used to summarise an individual's CPD, and includes the training needs identified, activities planned as a result, as well as a target date for completion. The date on which the action was achieved could then be recorded. It is this document that individuals are encouraged to show to their managers periodically.

Reflective practice event diary This is intended to guide reflective practice, one of the concepts most difficult to explain to members of staff. The diary is shown in Panel 4.

For each of the four documents (planning form, record of action and evaluation, sum-

mary personal development plan and reflective practice event diary), completed examples are included in the support pack to illustrate how they can be used.

Study leave policies Departmental study leave policies, including how to apply for study leave, are also included in the pack.

A growing interest in attendance at study days and conferences, which was anticipated to increase further as a result of the introduction of CPD, led the pharmacy departments

at the trust to develop policies for awarding study leave and financial support for education and training. It was also considered important that support be given to staff wishing to attend conferences, meetings and study days wherever possible. However, if large numbers of staff wished to attend the same event, this will adversely affect the pharmacy departments' ability to provide a service and may have financial implications. It was also essential that funding and study leave were allocated fairly. Essential criteria for attendance at events are:

- The event must be relevant to the individual's current role and personal development plan
- A maximum number of staff (across the trust) can be given study leave to attend the same event
- A maximum number of staff (across the trust) can be awarded conference fees and travel expenses to attend any one event
- A maximum number of ward pharmacists can take leave at any one time on each hospital site, as is current practice
- Leave must be agreed with the individual's manager, as is current practice

If more than the maximum number of individuals meeting the above criteria wish to take study leave and/or request financial sponsorship for the same event, the following criteria are suggested to aid selection of the most appropriate one(s):

- Those who are giving a presentation or presenting a poster should have highest priority

Panel 4: Reflective practice event diary

This form is to be used to guide individuals through the processes involved in reflective practice

On what are you reflecting?

How did this arise? / Why did you choose this for reflection?

How do you feel about this? / What did you do?

What is the most satisfactory aspect?

What is the least satisfactory aspect?

What would you like to do differently/or the same again?

How would this apply to other situations?

What further action, if any, will you take?

Transfer to your summary personal development plan any further CPD actions identified here

Once activities have been completed, record these and any outcomes on your record of action and evaluation

- Where the event is particularly relevant to the current roles or personal development plans of individuals, they should be given high priority
- Priority should then be given to those who have attended the least number of similar events in the previous two years

Guidance on maintaining a portfolio As well as using the forms contained within the support pack, staff are encouraged to collect evidence of their CPD.

Guidance is given regarding the types of evidence that individuals might wish to collect. This can include certificates of course attendance, notes taken at meetings or training events, or notes arising from reflective practice.

CPD TRAINING

A series of training sessions are being held during the first half of 2001 to introduce the CPD concept. Pharmacy staff are divided into groups of about 12. Each group is selected to include staff with a wide range of skills (for example, pharmacists, technicians assistants) and grades, and from the different sections of the pharmacy department. Each group is given two teaching sessions.

The first session is two hours in long and consists of a presentation based on that designed by the London regional pharmacy education and training team, plus a review of the CPD support pack.

At the presentation, the importance of CPD is discussed, including each of the four stages of reflection, planning, action and evaluation.

The presentation also includes three brainstorming sessions around the questions "What are CPD activities?," "Who is CPD for?" and "What are the benefits, for yourself and for the organisation?" Participants are then issued with a support pack and given time to look through it, before being asked to complete some of the forms during the teaching session. At the end of the session, participants are encouraged to begin thinking about and recording their own CPD.

The second teaching session is held about two weeks later and is an hour in length. At this session, participants are invited to raise any queries, problems and successes encountered, so that any problems can be resolved.

When new members of staff join the department, CPD training is included in their induction.

EVALUATION OF PILOT

As well as asking for feedback on any problems encountered, the first group taking part in the training programme was asked to give feedback regarding the teaching sessions and the CPD support pack, and how these could be improved.

By the time the second teaching session came around, the majority of the participants in this pilot group had filled in at least some of the forms. The examples of completed forms provided in the support pack were found to be invaluable.

The biggest problem encountered was with the concept of reflective practice. Originally, the pack had been arranged so that the reflective practice diary was the first form encountered. This is because reflection is often seen as being the stage of the CPD cycle at which to start. However, our pilot group found this concept difficult, and this put them off completing some of the other forms in the pack. In particular, many in the group did not understand that it was not essential to use the reflective practice form every time they were thinking about their CPD.

Consequently, the training session has been modified to emphasise the fact that the reflective practice form only needs to be filled out where it is helpful to do so, and that in many cases training needs can be identified using the CPD planning form, or entered directly into the summary personal development plan. Examples of the kinds of events where reflective practice may be useful have also been added; for example, when things have gone either badly or well. Finally, the pack has been restructured so that the reflective practice form comes after the other forms in the pack.

The participants commented that they liked having the lists of training opportunities relevant to all staff groups, rather than just their own. This highlighted training that staff members had missed out on earlier in their careers that they wanted to pick up on and emphasised that CPD was for all staff groups.

The teaching session was considered to be easy to follow and understandable. The participants found the brainstorming sessions particularly helpful. The advantages and disadvantages of having a mixed group of participants of different grades, versus a group of the same grade was also discussed. Some participants felt that it might be easier to make the session relevant if the groups were of the same grade or staff group, as training opportunities relevant to that grade could be discussed. However, other participants felt that it was important to have a range of staff as it emphasised that CPD was for all members of staff. Having a mixed group also allowed people to draw from each other's experiences.

DISCUSSION

Although the idea of introducing CPD for the whole department initially seemed daunting, the implementation of CPD is now progressing well. The approach that has been developed meets the trust's objectives, as it is achievable within existing

resources, consistent across all staff groups and fits into our existing structures. By 1 the approach, it has been possible to refine the documentation and training, so that they are now more robust for future use. An increased emphasis on CPD is providing a number of benefits not only for individual members of staff, but also for the pharmacy department as a whole.

It can be said that the transparency of the CPD process at the trust reassures all staff that there is an equitable approach to personal development, irrespective of post or grade.

A number of clinical governance developments have also been strengthened by merging these with CPD. For example, pharmacy assistants who gain accreditation for labelling or dispensing will now receive a certificate, which they will be encouraged to keep in their portfolio.

Similarly, local accreditation schemes for pharmacy technicians and pharmacists will be improved by awarding a certificate of competence to individuals for addition to their portfolios.

CPD delivered in such a pragmatic way can not only "enable professionals to expand and fulfil their potential" but also extend those benefits to the large numbers of valuable non-professional staff who work in hospital pharmacy departments.

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