

# MANDATORY CPD

## — are we ready for the challenge?

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It is expected that it will become mandatory for pharmacists to adopt continuing professional development (CPD) during 2005.<sup>1</sup> Should we be concerned about the implications this will have for the profession?

It is often the case that newly imposed regulations are viewed with suspicion or resentment. The letters page of *The Pharmaceutical Journal* shows that some readers have questioned the need to introduce mandatory CPD and have claimed that their right to use the title pharmacist should not be in doubt. However, it is inevitable, in the post Kennedy report<sup>2</sup> era, that society will want evidence of our competence.

So is the assumption that we are well qualified and competent to do the jobs that we do true, or is it a case of professional arrogance? I would argue that the vast majority of pharmacists are competent in their jobs. I would also argue that this is because of, not despite, CPD.

Many people (probably all of us) have undertaken CPD for years. CPD is recognised as the way that professionals develop their knowledge and skills throughout their careers. Imagine that you did not do CPD — could you rely solely on the knowledge you gained during your pharmacy degree to practise? A whole gamut of experiences, including reading, attendance at courses, experiences in the workplace and discussions with friends and colleagues contribute to developing expertise. This is CPD.

So, if CPD is something we have always done, why is there a

concern about it becoming mandatory?

It may be because, almost inevitably, an element of self-doubt creeps in when having to expose our practice to external scrutiny. Some will worry about peer comparisons and find reflection, particularly when identifying areas of weakness, to be threatening. A culture where records can be shared with colleagues is helpful in alleviating these fears.

Most of the commonly cited concerns relate to the practical issues of being able to create CPD records to the satisfaction of the Royal Pharmaceutical Society. The rule of thumb seems to be “if it were not documented, it did not happen”. Time pressures, inadequate internet access for recording CPD, along with the fear of “getting it wrong” might all pose barriers.

### — TIME

It cannot be disputed that recording CPD takes time, particularly when first using the system and trying to understand what is needed. It is also true that once familiar with the system, it can be a relatively quick process.

The up side is that there is an inherent value in recording CPD. This stems from the fact that it gives us time to reflect on our practice and recognise what we have achieved. It can help us to prioritise learning and only undertake that which is most relevant, urgent or that suits our learning style. Taking time out to plan our learning helps to stop the paper chase for certificates of attendance at courses that prove nothing except that 30 hours or more of continuing education (whether relevant or not!) have been completed. CPD can help us to be clear about what is needed and target our efforts more effectively.

Those expecting that the hours of effort put into recording CPD will be rewarded with some in-depth feedback will probably be disappointed by the somewhat mechanistic analysis of our CPD by the Society. This approach is probably the only practical way to ensure that feedback can be given to 44,000 pharmacists in a structured and consistent way. However, the Society needs to manage our expectations to avoid dissatisfaction with this element of the process.

### — INTERNET ACCESS

Although it is true that not every workplace has internet access for everyone who needs it at present, this is not going to be true in the long-term. The fact that our professional body asks that we submit records in this way will act as a lever to ensure that internet access for all pharmacists (and technicians) is treated as a priority. Given that the internet is often the most up-to-date source of clinical and professional information, a lack of access is indefensible and unsustainable.

### — FEAR

Often people lack the confidence to create their first CPD record for fear of “getting it wrong”. The structured approach to learning may also be alien, adding to any feelings of uncertainty. Those who have already used the Society recording system can be a source of reassurance, both in the technical aspects (eg, you can edit an entry once it is made, before anyone at the Society reads it!), and in the content (ie, it does not have to be rocket science for it to be worth documenting!). Hospital pharmacy has a strong tradition

of sharing and peer support. It is vital that we use our networks to share experiences and provide support to each other for undertaking and recording CPD.

In time, familiarity will enable us to get over the practical issues of recording and submitting our CPD. However, there may be challenges of a different nature.

External drivers are starting to have a strong influence on our motives for learning. We may be tempted to shift the focus of our CPD in order to prove that we have learnt the “right” things. This might lead us to lose sight of the personal development nature of CPD and simply do what we think is needed to stay on the register, move through a gateway or gain promotion. While competencies are useful and necessary for defining roles and structuring career pathways, we are in danger of being put into learning straitjackets. Learning that contributes to practice but does not directly relate to a competency may not be valued.

We need to be wary of changing what and why we learn to fit someone else’s agenda. CPD should help us to be able to do our job better. If it does not seem relevant then it probably is not CPD.

### REFERENCES

1. Royal Pharmaceutical Society. Medicines, ethics and practice. A guide for pharmacists. London: The Society; 2004.
2. Kennedy I. Learning from Bristol: the report of the public inquiry into children’s heart surgery at the BRI 1984 – 1995. London: The Stationery Office; 2001.

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### CPD in Hospital Pharmacist

A new CPD series starts in this issue of *Hospital Pharmacist* on page 436.