

CPD for hospital pharmacists

— Part 1: recording and reflecting

By Zoë Gross, BPharm, MRPharmS

Pharmacists on the practising register have now signed an undertaking to perform continuing professional development (CPD), as defined by the Royal Pharmaceutical Society. This is the first of two articles in a feature looking at how hospital pharmacists are fulfilling this obligation



Disappearing under a mound of paper: take CPD in "bite size chunks" and "do not get bogged down with recording reams of stuff"

Mandatory continuing professional development (CPD) is a big part of the pharmacy agenda for this year. Roll-out of the Royal Pharmaceutical Society's CPD programme to all pharmacists resident in Great Britain was completed at the end of last year and the professional requirement to sign a declaration to undertake CPD and keep a record of it started last month. The powers that are required to make it mandatory should be in place by the end of this year.¹

The Society's view is that most pharmacists already carry out CPD but do not record it — the mandatory system will require pharmacists to document their learning in a systematic way and to submit CPD records for review by the Society, probably every three to five years.² Many pharmacists have, in fact, started recording their CPD and these pharmacists are now trying to help others. Those pharmacists who have not started recording CPD or reflecting on practice, but who may be taking part in the process at least informally, may need some help in getting started and with finding the motivation or time to undertake the process.

Zoë Gross is a freelance journalist. Examples of what pharmacists are recording as CPD are shown, but no guarantee is given about their suitability to meet the Royal Pharmaceutical Society's requirements.

This article is the first of a two-part feature and examines what different hospital pharmacists who have started recording their CPD are doing, their opinions on undertaking CPD and recording it, and how they are themselves recording their evidence. It also gives examples of typical pieces of CPD that have been recorded (Panels 1–3, p66–8).

— Undertaking CPD

So what do pharmacists think about having to undertake and record CPD? Peter Rhodes, principal pharmacist, technical services at Southampton University Hospitals NHS Trust, said that formalised CPD is important because it gives pharmacists an incentive to take on a more considered and reflective working style. "Bringing pharmacy in-line with other professions can only be a good thing," he said.

In terms of recording his own CPD, Mr Rhodes commented that one limiting factor up to now has been the constant rapid pace of change, and therefore learning, which runs throughout hospital practice. "We gain knowledge and develop new skills daily and often many times a day, so initially there seems so much to record that it is difficult to know where to start," he said. He added: "I had to develop a reflective learning style in the form of a practice journal for my recent supplementary prescribing course. While the format was too detailed for routine use, I

found the process of writing about my learning each day led easily to reflection on what best practice would have been in the situations I had encountered."

Aamer Safdar, principal pharmacist lead for education and development at Guy's and St Thomas' NHS Foundation Trust, said: "Recording CPD is becoming more and more important. The knowledge and skills framework that the NHS is rolling out will require us to provide evidence for CPD and it is critical that our CPD is recorded appropriately." In terms of reflective practice, he said "the scientist in us makes it more difficult for us to reflect. However, pharmacists need to be encouraged to start reflecting on what they do and recording their reflections early on in their career so that it is part of their practice." He added: "CPD is not difficult. Once you start doing it you will see the benefit because you will have recorded what you know and what you need to know and that will provide you with a fairly focused approach to your career."

Sara Dilks, education and development pharmacist at University College London Hospitals NHS Foundation Trust (UCLH), commented: "Using the plan and record [system] that the Society has developed is really quite straightforward". She added that the Society has also made it easier for pharmacists to record their CPD by "coming up with a user friendly website". However, she, as well as several other pharmacists, have

commented that finding the time to record CPD is a barrier to completing CPD records. Fiona McFarlane, teacher–practitioner based at the Wirral Hospitals NHS Trust and Liverpool John Moores University, said: “Pharmacists are becoming increasingly aware of the importance of CPD but genuinely find it hard to find time.”

Panel 1: CPD — running a workshop for diploma tutors

- Example: I run a workshop on learning aimed at new tutors who will be supporting students undertaking the Liverpool John Moores University (JMU) postgraduate diploma in clinical pharmacy — the tutors are responsible for giving guidance to students in the workplace and throughout the two-year diploma course.
- Reflection: The first time I ran this session it went okay but I thought there was plenty of room for improvement. After the session I jotted down my own thoughts on how it ran (you need to do it there and then to get the most out of it). I also spoke to my colleague who sat in on the session. Additionally, the tutors completed a feedback questionnaire. All this information was combined to highlight the good and bad points of the session.
- Planning: I learnt for next time that I needed to make it less didactic and put more tutor activities in. For example, this time, tutors had a go at completing a learning styles questionnaire — in addition to a discussion on the teaching and learning methods they prefer and dislike. Some of the theory was a bit dry, so I added a few cartoons to try to engage the audience more. I also thought I needed to tie in the content of the session more with the JMU diploma, so I have directly linked some of the educational theory discussed to the diploma.
- Action: I am running the revised session as outlined above.
- Evaluation: I will write down my thoughts on how it went, consult with my colleague and obtain tutor feedback. I do believe that it is important to reflect on teaching sessions as there is always room for improvement. It is easier and less work to deliver the same session each time but it is in the interest of the students that we stop and reflect on what we deliver and make changes accordingly.

Fiona McFarlane, senior clinical pharmacist/lecturer, Wirral Hospitals NHS Trust and Liverpool John Moores University

Rosalyn Cheeseman, pharmacy workforce development project manager for Trent Workforce Development Confederation, Mansfield, is lead on the development of a Trent-wide strategy to support the pharmacy workforce, incorporating CPD. She has been involved in forming a CPD group across the region and said that discussions within the group showed that most people were already taking part in the process at least informally, but one of the main challenges was recording. She added that some individuals have shared their CPD records with others through the Society’s online system.

Recording CPD

There are different ways of recording CPD and several of the pharmacists I interviewed had views on each of these methods.

Recording online According to Mr Safdar, the Society’s CPD website is easy to use to record evidence because it takes pharmacists through the recording process and allows them to choose how much they want to write. Although he thinks highly of the site he can appreciate that other pharmacists may find it restrictive in terms of having to answer the questions provided. Preregistration tutor, Mrs Dilks, is also using the Society’s website to record CPD and finds it easier to use than paper records. In July

2003, she switched from using a London Region Education and Training portfolio to what will be the mandatory way of documenting CPD — plan and record. She is fortunate enough to have easy access to the internet at UCLH but said that if people do not have straightforward access then they might find it harder. She added that her colleagues and friends who have fed back their views on the Society’s CPD website to her have said that “they have been surprised at how useful it was and quite impressed by the plan and record [system]”. She advised other pharmacists to “give it a go”.

However, Richard Needle, chief pharmacist at Essex Rivers Healthcare NHS Trust, commented that he found changing between screens on the website slow. He said that with only a relatively short amount of time to spend recording CPD, it is frustrating when switching between screens is not instant.

It should be noted that for pharmacists without an internet connection a CD-ROM of the Society’s plan and record, “CPD desktop”, is now available from the Society’s CPD team (telephone 020 7572 2540). This allows users to store their records on their own computer.

Recording by hand Paul Tunstell, pharmacy aseptic services manager, Guy’s and St Thomas’ NHS Foundation Trust, has been recording CPD for a number of years now.

Panel 2: CPD — learning while covering a colleague’s ward

- I was contacted by the renal registrar while providing clinical pharmacy services to the renal unit. I was covering the ward in the absence of the usual renal pharmacist who was on leave. I was asked to advise on the use, dose and clinical monitoring of oral valganciclovir in a young adult weighing 24Kg with a confirmed cytomegalovirus retinitis, who had a renal transplant, but also had a degree of renal impairment.
- Action: I discussed the clinical condition of the patient with the renal registrar, elicited patient specific details and a current drug history, and I undertook structured reading in the medicines information centre using local enquiry databases, renal textbooks, specialist information databases and the Summary of Product Characteristics to understand the issues involved with valganciclovir, a drug I was not familiar with.
- Evaluation: Following this learning, I was able to advise the renal registrar of the dosing schedule of valganciclovir for the patient according to her renal function and clinical status and the clinical monitoring that should take place while the patient was on valganciclovir. I also notified the renal registrar of a potential drug interaction with mycophenolate that the patient was also receiving. The patient also had difficulty swallowing tablets and the issue of whether to crush valganciclovir tablets or not was investigated and the outcome discussed with the patient and nursing staff as well. From this I was then able to effectively clinically monitor the patient’s progress while they took valganciclovir, a drug I had limited knowledge about previously.
- Feedback: I also discussed this case with colleagues locally, sharing similar experiences and sharing my learning with them in an informal way. The information I had found was then recorded and logged into the in-house medicines information database for future reference. The information and outcome to the patient was also discussed with the renal pharmacist on their return as the patient’s pharmaceutical care was handed back to them.

Sara Dilks, education and development pharmacist, University College London Hospitals NHS Foundation Trust

He has kept a log book of projects and developments in which he has been involved. These are written by hand and transferred at intervals into a typed record. "A large proportion of my job is systems improvement, development, risk identification and management, and as such involves research, planning, implementation and reflection on change. I have set up my e-calender to prompt me to write up significant areas of development on a monthly basis, currently just in a table format. This involves leafing through my log book and selecting specific examples to write up," he said.

Mr Tunstell commented that there are two main benefits of recording CPD and reflective practice. "For me," he said, "I can ensure I make the most of my development opportunities by reflecting on the good and bad points of a specific piece of development. The act of reflecting and writing down cements them [learning points] in my mind and identifies further gaps and areas of development". Second, "from an external audit point of view the process provides some evidence that I am keeping up to date and have the skills required to undertake my job."

Mrs McFarlane and Judith Green, education lead at Wirral Hospitals NHS Trust and lecturer, Liverpool John Moores University, are recording their CPD in portfolios. Both are senior clinical pharmacists, specialising in endocrinology and respiratory diseases, respectively. Mrs McFarlane started recording CPD in early 2000 while working for Leeds Teaching Hospitals NHS Trust. "If I am honest, the main incentive for developing and maintaining a portfolio was because I was lead for CPD in the trust and felt the best way to lead was by example," she said. The trust had won an education grant to

enrol 60 pharmacists as associates of the College of Pharmacy Practice (CPP) and Mrs McFarlane held regular monthly support groups. However, although attendance was high at first, it declined as time went on. She said that "colleagues struggled to make entries in their portfolios and attendance waned as pharmacists felt guilty and demotivation set in". In terms of her current recording habits, she said: "I am still using my CPP portfolio habit more than anything. I have tried using the Society's [CPD] website but must admit I prefer and find it easier to jot my reflections on paper in my own format and keep them in my CPP portfolio."

Computer records In comparison to Mrs McFarlane, Mrs Green documents her CPD activities on computer. She currently does this as evidence for her supplementary prescribing portfolio. "Once this finishes, I will start to use the [Society] website," she said. She has in fact used the Society's CPD website a few times in the past and commented: "It is not self explanatory and is quite time consuming." Commenting on recording CPD, she said: "A few of my colleagues and I struggled initially, mainly [in working out] what counted as CPD. In secondary care, there are so many learning activities on a daily basis, it is difficult to know what to record."

Feedback

Roll-out of the Society's CPD programme started in October 2002 and initial roll-outs were to all pharmacists in the north-west of England and all preregistration tutors and tutor managers in Great Britain. Since then, preregistration tutors, tutor managers and

pharmacists who had attended a CPD facilitator workshop between October 2002 and October 2003, and who had been recording their CPD online, were invited to submit pieces of evidence to the Society for assessment and feedback. One pharmacist who has submitted a piece of CPD and received feedback is Mr Safdar, a preregistration tutor and manager. He has logged more than 20 records on-line since the beginning of last year and also has a paper portfolio. Giving his view on the feedback he received, he said that only some of the comments the assessors made were helpful. One of the problems with the process was that although the assessors may have known what sector of the profession he came from, they did not know his job requirements and thus the context in which his CPD had been written. This in turn made interpreting their assessment difficult because "it was so generic and so broad," he said. To overcome this he suggested that the Society's assessors have more information relating to the individual pharmacist's job.

Conclusion (reflecting)

So it seems that for those pharmacists who have not already started recording their CPD, to get started they need to reflect on their current practice, plan what they are going to do, act on their decision to start gathering evidence and evaluate the outcome. There are several ways of recording CPD and pharmacists will need to choose the one most appropriate to them. Nicola Wake, lead pharmacist for medicine at North Tyneside General Hospital, and preregistration tutor, who has been recording CPD for 11 years, pointed out: "If you think about what CPD actually is as part of your day-to-day job, the majority of people are doing it already. They just do not realise it". Recording CPD gives you something to look back on as well as structure and organisation. She suggested: "Take it in bite-size chunks. Do not get bogged down with recording reams of stuff." She added: "The more time you spend putting things down on paper in your day-to-day job, the less time you spend with patients."

Another aid to CPD is networking which helps pharmacists to discuss and share information. This activity, the support that pharmacists need to carry out CPD and their advice to others on getting started, as well as useful resources, will be covered in the second article in this feature.

References

1. Royal Pharmaceutical Society. When will CPD become mandatory? Available at www.uptodate.org.uk (accessed 22 January 2005).
2. Royal Pharmaceutical Society consultation document. Mandatory CPD. Available at www.rpsgb.org.uk (accessed 22 January 2005).

Panel 3: CPD — learning from a patient request for information

- **Action:** On the respiratory ward, a patient with chronic obstructive pulmonary disease enquired about his recently started mucolytic therapy. He wanted to know how long it may take for the therapy to take effect and when he should reduce the dose to a maintenance regimen. Some research into the use of mucolytics was needed. After researching the evidence based literature and liaising with the consultant, the patient was given an answer.
- **Reflection:** Reflecting on this activity, I decided that, in my capacity as respiratory pharmacist, I needed to produce trust guidelines on the use of mucolytic therapy.
- **Planning:** I planned my learning, in terms of where to focus my research. I planned to evaluate current literature

and investigate current practices within specialist respiratory units. A practical guideline was required with specific endpoints for clinicians to use.

- **Action:** I researched the issue and produced a practical guide for use within the Wirral Hospitals NHS Trust. This is to be presented at the Wirral Drug and Therapeutics Committee (a local primary and secondary care committee approving use of medicines throughout Wirral) and will, I hope, shortly be implemented.
- **Evaluation:** I will evaluate the usefulness of the guideline at a specified time point and ensure it is still evidence based.

Judith Green, senior clinical pharmacist and education lead, Wirral Hospitals NHS Trust and lecturer, Liverpool John Moores University