

# CPD for hospital pharmacists

## — Part 2: networking and advice on starting

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Pharmacists now face the reality of mandatory continuing professional development (CPD).

This, the second of two articles based on interviews with hospital pharmacists, reviews networking and support groups and provides advice on starting CPD



Networking can help pharmacists fulfill their CPD obligations

**U**ndertaking and recording continuing professional development (CPD) is now mandatory and so pharmacists need to reflect on their current CPD practice. They will also need to think about what support they need. This article is the second in a two-part feature on what different hospital pharmacists who have started recording their CPD are doing (Part 1: pp65–8). It looks at examples of support and networks that pharmacists currently have to help them with discussing and sharing information on CPD, any additional support they may need or give to other colleagues and their advice to others on getting started. The different support requirements for junior pharmacists and their senior colleagues are considered. Examples of pieces of CPD that have been recorded are given (Panels 1–4, pp70–2), together with useful resources (Panel 5, p72).

### Networking and support groups

So what networks and support groups are available, inside or outside the hospital set-

**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.

ting, to help pharmacists discuss and share information on CPD? At Wirral Hospitals NHS Trust, the pharmacy department has its own CPD networks for staff and a CPD support group. Commenting on the benefits of the support group, Fiona McFarlane, senior clinical pharmacist for the trust and lecturer at Liverpool John Moores University, said: "If pharmacists have the opportunity to sit down with colleagues and discuss entries in portfolios this can increase their confidence and help motivate them." Senior clinical pharmacist and education lead for the trust and lecturer at Liverpool John Moores University, Judith Green, who set up the support group, said: "Initially we had a local expert talk to us about what CPD is and how we should be recording it. Now we have regular workshops where pharmacists are encouraged to bring along their CPD entries to discuss them. Any problems and helpful hints are shared among the group." She has also set up a rolling programme for continuing education within the trust and meetings are held weekly.

At Addenbrooke's Hospital, Cambridge, the pharmacy education and training team have organised small group sessions for pharmacists and non-pharmacists covering online and manual recording. A new education and training room has been funded to provide networked computers for computer-assisted learning. In addition to this, access to a training version of the Royal Pharmaceu-

tical Society's website has been arranged. Alison Eggleton, principal pharmacist for education and training at Cambridge University Hospitals NHS Trust and teacher-practitioner at the school of chemical sciences and pharmacy, University of East Anglia, said that the team has been getting themselves "up to speed on what it means to facilitate somebody else's CPD". A training-needs analysis of the pharmacy department at Addenbrooke's has been carried out to identify general training needs according to staff groups in different areas (eg, core clinical, information technology, teaching, management and competence-based training). "The main need is in helping staff to understand reflection. We have done some training and are using reflective models to help people start," she said.

Sara Dilks, education and development pharmacist at University College London Hospitals NHS Foundation Trust and CPD lead for the pharmacy department, has been involved in launching an in-house CPD strategy which includes one-to-one CPD facilitation, should individual pharmacists request it. Initiatives to support the strategy were launched last month. In addition to this, pharmacists have been able to attend an introductory training session on the use of the Society's "Plan and record" system. The pharmacy department is also planning to have, probably every two months, reflective group sessions to enable pharmacists to dis-

cuss CPD and reflect on their practice as well as support each other as a peer group. External networking and support for Mrs Dilks herself has come from being a trained

## Panel 1: CPD — attendance at a lecture

- Reflection: Working on the admissions unit, occasionally I see patients with acute renal failure (ARF)
- Planning: Opportunity to attend a lecture on ARF by the consultant from our local renal unit, so could update my knowledge on management of ARF
- Action: Attended lecture
- Evaluation: Noted things I had learnt (eg, only 50 per cent of patients treated with high dose nebulised salbutamol will have a responding lowering of potassium). Thought about what I would do to change my practice (eg, ensure that when salbutamol is nebulised to lower potassium, the dose used is 10–20mg). Shared the lecture with my pharmacy colleagues. Identified further learning needs (eg, what drugs are associated with acute allergic interstitial nephritis).

*Nicola Wake, lead pharmacist, medicine, North Tyneside General Hospital*

## Panel 2: CPD — learning by preparing to give a lecture

- Example: CPD often relates to preparing lectures — recently I lectured on the complications of diabetes
- Reflection: If asked to do a lecture, I treat it as an opportunity to review my own practice and check if knowledge is up to date
- Planning: Consider best resources. Often use online now eg, Prodigy, NHS National Electronic Library for Health guidelines finder
- Action: Read around, consult fellow health care professionals, test if I have understood it by teaching other people
- Evaluation: Consider if people understood my teaching. Relate learning to my clinical practice

*Alison Eggleton, principal pharmacist, education and training, Cambridge University Hospitals NHS Foundation Trust and lecturer/practitioner, School of Chemical Sciences and Pharmacy, University of East Anglia*

CPD facilitator for London Region Education and Training. She has also attended a CPD supporters workshop held by the Society and said that useful aspects of the Society's CPD website were discussed which she can pass onto colleagues.

Nicola Wake, lead pharmacist for medicine at North Tyneside General Hospital, and preregistration tutor, has found the UK Clinical Pharmacy Association and its specialist pharmacist groups a useful source for networking outside the hospital setting. The groups allow pharmacists to network with other pharmacists working in the same area, which is essential for undertaking CPD, she said. Considering what other people are doing and saying "where am I going wrong?" is CPD in itself, she added.

## — Staff support

Mrs Wake is responsible for a team of eight pharmacists and usually one preregistration trainee. She said that she tries to support all these pharmacists equally according to their individual needs. "Two of the basic grades are completing a clinical diploma and that takes care of a lot of their CPD," she said. "The D grades, like myself, should be more self-directed, but some need more support than others. Junior pharmacists may find CPD more difficult to do and record as they have not had as much experience as senior pharmacists." However, she added: "I do think it is part of a senior pharmacist's responsibility to support their staff with CPD."

By contrast, Aamer Safdar, principal pharmacist lead for education and development at Guy's and St Thomas' NHS Foundation Trust, thinks that junior pharmacists will find it easier to do CPD than their senior colleagues because they are already in a

learning and recording mode when they finish their university courses. They also record evidence during their preregistration training, so it is just a case of carrying on with what they are already doing, he said. "For the senior pharmacists it is different because they need to change their mind[set] and start recording and start documenting things and doing reflective practice." However, he added that junior pharmacists will probably need more direction in terms of thinking about their own personal development and what they need to do for their future careers, whereas senior pharmacists are generally people who have been in their job for a long time and it may be a case of trying to find new areas in which they can develop. In terms of mentors, he said that senior pharmacists may want to go to someone more senior than them for support and may therefore find getting support more difficult. He has overcome this himself by finding someone with a different skill set and his own CPD facilitator is a pharmacy technician in his own department.

Richard Needle, chief pharmacist at Essex Rivers Healthcare NHS Trust, said that he is happy with the amount of support he is getting personally. He said that within the pharmacy department all staff, including himself, have received basic CPD training. There is also a facilitator who has been trained by London Region Education and Training and a group of mentors. However, he said that although a proportion of people in the department are doing something towards their CPD and others have done a large amount, "people are still a bit frightened by the whole concept".

Alison Eggleton advises chief pharmacists to help their staff make a start on their CPD and suggests that one-to-one training with a

## Panel 3: CPD — learning more about EU clinical trials directive

- Example: Clinical trials legislation update
- Reflection: I wanted to understand how the new European Union (EU) regulations impact on our practice in clinical trials. The learning objective was identified because of: publicity about new EU regulations, knowledge that the manufacturing unit will be receiving investment to be a national support unit and that involvement with trials will be possible, and because of our involvement in a large number of oncology trials. Methods used to identify objectives: By-product of study day, personal interest, practice requirement, reading journals, talking to colleagues, peer review
- Planning (impact of learning): I will be able to support and advise my staff directly involved in trials conduct and better able to lead planning for trial involvement
- Action: Attend multidisciplinary workshops, study days, read articles. Skills, knowledge, attitudes and behaviours developed as result of undertaking activities. Impact of regulations on our practice as it currently is will be fairly limited. We have applied for, and received, a clinical trials licence and, if we need to undertake work under this licence in the future, I will need to revise the implications at that time.
- Evaluation: I have discussed the issues with the clinical trials technician and, as she has undertaken the same training, we are tackling issues from an equivalent knowledge base

*Richard Needle, chief pharmacist, Essex Rivers Healthcare NHS Trust*

facilitator could be organised to help pharmacists do their first piece. She said: “Our own chief pharmacist, Helen Howe, has been really supportive in terms of encouraging us to anticipate training needs likely to be common to many staff and to plan ahead to make appropriate training materials available using modern technology, which she has funded.”

## — Technical services

In terms of networking for technical services pharmacists, Paul Tunstell, pharmacy aseptic services manager at Guy’s and St Thomas’ NHS Foundation Trust, said that within the trust, the technical services pharmacists have good access to trust, national and regional production and quality assurance experts. There are a number of colleagues within the pharmacy department from different technical backgrounds to “bounce ideas off”, he said. He is also a member of a regional group of aseptic managers that provides a forum for CPD discussions. However, he commented that the support he needs as a senior technical services pharmacist may be slightly different from that of a junior colleague. He said that his CPD is “more self-directed” and that he would only look to his manager for “higher level comments and approval after undertak-

ing a significant amount of ground work himself”. “A junior pharmacist requires a lot more guidance around the early stages of the piece of CPD they are undertaking,” he said.

At Southampton University Hospitals NHS Trust, the staff of the technical services department have been considering how best to introduce regular CPD for themselves. They have concluded that fortnightly learning slots as part of the weekly team meeting would be best. Peter Rhodes, principal pharmacist, technical services, said: “These will alternate between refreshers on operational issues and a short clinical case from one of the pharmacists in technical services, demonstrating how and why the services products have been used and the clinical outcome. As all the technical service’s pharmacists have clinical components to their roles, this will also support their CPD and reflective practice as they prepare for the sessions.”

## — Advice for pharmacists

So what do pharmacists in hospitals advise that their colleagues should do? Paul Tunstell said: “Do not be put off by the paperwork and lose site of what it is really about — improving your practice, learning and ultimately improving patient safety. Make notes



Reflect on what you have learnt when you get back to work after a study day

as you go along on what you have learnt, practice changes and gaps for further development. Do not get too behind in whichever way you decide to document what you have done.” For other technical services pharmacists he suggested: “Try to find out what is being discussed at regional meetings and, even better, attend. There are quite a number of these around at the

moment. There are also a large number of study days to attend geared at various levels of staff, at both a regional and national level." He advised that after attending study days pharmacists should reflect on what they have learnt and make at least one change to their own or their department's practice.

Mrs McFarlane suggested: "If you do not have a formal CPD support group at work, you can use your own initiative and arrange to meet up with a colleague." She added: "Set realistic goals. Perhaps aim to reflect on just two incidents per month." Her colleague, Mrs Green, simply advised pharmacists to "bite the bullet and do it". "It is difficult initially but gets easier with prac-

#### Panel 4: CPD — review of management of change

- Reflection on practice: It became clear within the department where I work that we were not assessing and managing changes satisfactorily. There was no clear procedure to follow and no way of recording or communicating change.
- Planning: I undertook a literature search on the subject and obtained a useful book from the Society's library. This background reading helped identify the key components of the change control process.
- Action: These components were used to develop a standard operating procedure (SOP) and associated change control form. Staff were made aware of certain key words that if used would trigger the change control process and the SOP stated how to assess the impact of the change and devise an implementation plan. Certain set criteria were identified for staff to use when assessing and planning implementation and an agreed format for communication and training were drawn up. A database was set up to record change and to provide a facility for senior management staff to review changes.
- Evaluation: On reflection the new system works well and has been externally audited by the the Medicines and Healthcare products Regulatory Agency. One issue that was omitted from the SOP was the need for change control when a deletion (ie, the removal of equipment, a redundant process) is required. This will be added when the SOP is updated.

Paul Tunstall, pharmacy aseptic services manager, Guy's and St Thomas' NHS Foundation Trust

tice," she said. She added: "Try to ensure a balance of scheduled and unscheduled learning. Talk to your colleagues. The chances are they are experiencing the same problems. Our workshops have proved helpful and reassuring. Until CPD was mandatory, it was easy to put it to one side and leave it for another day. Employers need to encourage staff to participate and incorporate it into the appraisal process." Having protected work time to record activities may also be helpful as would having assessment tools for tutors and employers. "As a tutor for junior pharmacists, I find it difficult to assess the quality of CPD," she said.

In terms of allocating time to record CPD, one suggestion is to set aside time in a diary. Richard Needle tries to put aside half an hour once a month. "I have actually put it in my diary for the next 12 months," he said. Although he has found time to log 15 records online over the past six months, he said that he still does not find the process easy in terms of motivation and getting into the mind-set of what needs to be recorded in the fixed structure provided. However, "it is a professional duty and therefore I do it", he said. Mrs Dilks said that "it is the continuous nature of CPD that is difficult to keep up with". Her new year's resolution is to access the Society's online "Plan and record" system for 40 minutes, one lunch-time,

#### Panel 5: Useful resources and websites

- Society's CPD website: [www.uptodate.org.uk](http://www.uptodate.org.uk)
- Society's website: [www.rspgb.org](http://www.rspgb.org)
- "Learning resources for continuing education", a guide to direct pharmacists to appropriate resources to support their CPD needs, is available at the Society's website and includes details of resources such as the College of Pharmacy Practice, Centre for Pharmacy Postgraduate Education, Welsh Centre for Postgraduate Pharmaceutical Education and Scottish Centre for Post Qualification Pharmacy Education
- "Plan and record" guide in the Society's CPD pack
- Medicines, ethics and practice — a guide for pharmacists
- *The Pharmaceutical Journal's* CPD series can be accessed from the following website: [www.pjonline.com/CPD/index.html](http://www.pjonline.com/CPD/index.html)
- *Hospital Pharmacist's* CPD series can be accessed from the following website: [www.pjonline.com/noticeboard/lifelong/index.html](http://www.pjonline.com/noticeboard/lifelong/index.html)

This list is not exhaustive

every week. Mr Rhodes suggested the best approach may be to reflect once every couple of weeks or so on what has been the key learning area and then developing the issue.

Nicola Wake has some other advice for pharmacists. She said that CPD is not about attending weekend conferences and branch meetings or going to a textbook to find the answer. Instead, "it is about saying what one thing do I not know today and what can I do about it? And afterwards, has whatever I have done made a difference and what have I learnt from it. If you can apply that, that is reflective enough to start with," she added.

The Centre for Pharmacy Postgraduate Education (CPPE) has worked alongside the Society in the design and production of the Society's CPD pack and has held local sessions for pharmacists who wanted more support in getting ready. Matthew Shaw, assistant director, CPPE, commented: "The CPPE continues to work to identify the learning needs of pharmacists as they engage with recording their CPD. Where possible, and appropriate, the CPPE plans to develop and share resources supporting the plan and record framework." Advising pharmacists on collecting evidence, he said: "Many hospital pharmacists gain their clinical knowledge from undertaking diplomas in clinical pharmacy and then updating this through journal clubs, peer review or case review. All of these activities can be used as part of a CPD portfolio."

#### Conclusion

Health care professionals have a duty to engage in CPD and reflect on what they do in practice. It seems that junior and senior pharmacists may have different support requirements but there are probably networks and support groups available to suit most needs. Finding appropriate support for more senior pharmacists may still, however, prove to be more of a challenge. According to Mr Rhodes, demonstrating reflective practice will encourage others to develop the same approach. "How can we learn from this?" could become the key phrase of 2005.

#### Innovative examples of CPD

The *Hospital Pharmacist* would like to hear from other hospital pharmacists with innovative examples of how CPD is being undertaken in their trusts. This could result in an article or a report on the news page. Please contact Gareth Jones (e-mail [gareth.jones@pharmj.org.uk](mailto:gareth.jones@pharmj.org.uk) or telephone 020 7572 2425) or Rachel Graham (e-mail [rachel.graham@pharmj.org.uk](mailto:rachel.graham@pharmj.org.uk) or telephone 020 7572 2419) with any suggestions.