



Branching out into continuing professional development

By spring 2007, continuing professional development (CPD) will be mandatory for all practising pharmacists. The bottom line is that if practising pharmacists do not have CPD record to submit to the Society on request, they risk being removed from the Register, rendering them unable to practise.

As in other health care professions facing the introduction of mandatory CPD, many members are still worried about it, wondering how they will find time to fit it into their busy daily lives. To combat these issues and to help members become more accustomed to CPD, the Society set up a focus group in 2003 to look at how branches could support members with their future CPD requirements. As a result, in 2004, 21 part-time CPD facilitators were recruited to support individual branches to help members better understand and manage their CPD requirements.

Alongside the new branch CPD facilitators, a lead facilitator, Sue Jones, was appointed to act as the liaison between the facilitators and the Society's membership team. She is a pharmacy practice lecturer from King's College London and a former community pharmacist. As part of her PhD thesis, she is researching some issues surrounding CPD and the implications for the profession. She says: "When CPD started to register on people's radars due to the changes in fee structure and increasing publicity, it became obvious that the Society would be expected to support pharmacists in the changeover from to a mandatory framework. This led to the inception of a network of facilitators who visited branches to help to demystify the process of CPD and its recording. My role has been to assist with the implementation of the project and ultimately to enable members to understand how having a formal system of CPD recording can help them in their professional lives. Pharmacists have always done CPD but many were not formally recording their learning. The branch meetings that have been run have been extremely well attended and have led to pharmacists being less worried about the change to mandatory CPD."

The branch CPD facilitators, who were all pharmacists, liaised with between four and eight branches each. The Society's 130 branches were each able to run two facilitated meetings during the year. In these meetings, the facilitators used a specially devised CPD toolkit that included a number of 30-minute CPD-related modules, chosen to reflect the level of experience of individual branch mem-

bers. The activities were designed to be interactive and enjoyable, while showing examples of CPD-related work and the quickest and easiest methods of recording activity.

Peter Wilson, head of the Society's post-registration division, says of the meetings: "The facilitators helped many pharmacists get to grips with the process of CPD at a time when it was new and, for some, intimidating. After the sessions members genuinely felt more confident in making their CPD entries and were overall less anxious about the whole subject. Many welcomed follow-up CPD meetings where we concentrated on the actual recording of CPD online and identified potential subject areas for real CPD records."

Members' concerns mainly centred around how to balance the time required to produce sufficient entries. The meetings stimulated a great deal of discussion and it was found to be a constructive way to share both good and bad experiences with very diverse groups.

David Wildman, a Co-op community pharmacist who chairs the Northamptonshire branch, has organised CPD meetings for his branch members. He says: "Although I have been doing CPD for many years now I can see that many members are scared to death of it, mainly because they cannot see how they will find time to fit it into their daily working lives. However, the myths of CPD were quickly dispelled when we had a speaker at one meeting who explained that it is actually quite easy to keep your records up to date. We then had another meeting where Diane Leakey, one of the Society's CPD facilitators, did a brilliant presentation that opened everybody's eyes. She did a live log-in to her own CPD record and showed us examples of the kind of things she records in her portfolio. The members were genuinely taken aback that it was so easy and afterwards most people said that they were actually doing CPD already but in different formats — they just hadn't realised it."

Since the project started in 2004 there have been more than 200 facilitated CPD branch meetings helping over 6,000 members to familiarise themselves with the CPD process.

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Feedback shows that the vast majority of branch members found CPD meetings to be a valuable addition to the branch programme. They were seen as interesting, informative and reassuring to members, who welcomed the idea of sharing experiences on CPD.

Furthermore, the meetings encouraged group participation and drew in many more members who would not normally attend branch meetings. The Northamptonshire branch, for example, has a turnout of at least 50 people whenever CPD is on the agenda.

To improve its CPD resources for members further, in April 2005 the Society upgraded its CPD Desktop software, compiled CPD case studies to provide examples of real CPD records from the main sectors of practice and offered further competencies for all pharmacists and pharmacy technicians for continuing professional development. A specially designed CD-ROM was also produced for technicians to meet their specific needs. For pharmacists who are still not started with CPD, the Society now has a special "Getting started" guide which helps individual pharmacists identify and overcome the perceived barriers to CPD.

Mr Wildman is confident that pharmacists will be able to get to grips with the challenges and the opportunities offered by CPD. He says: "I have personally found that CPD helps you maintain your professional focus. It makes you think about what you're doing and helps you to learn and develop your skills in a very systematic way. With CPD becoming mandatory next year, I believe pharmacists should actively embrace it and what better place to start than your local branch? Apart from increasing attendances at wider branch meetings, facilitated CPD meetings have opened up all kinds of debates and questions that would previously have had no formal platform. I would encourage all members who do not fully understand the implications of CPD, or who have some practical questions on the mechanics of recording CPD to get along to their local branch meetings and talk to people in the same boat. It will help them allay their worries about CPD and they will see it is actually a very positive thing."

Members with general questions about CPD can contact the CPD staff at the Society by e-mail at cpd@rpsgb.org or by phone on 020 7572 2540. Details of local branches can be found on the Society's website at www.rpsgb.org by following the "branches and regions" link from the right side of the home page.

Branch programmes, September to December 2006

The Royal Pharmaceutical Society's membership unit has compiled the following provisional programme of branch meetings during the second half of 2006 to help members plan their meeting attendance. Members should note that the details of some meetings are still to be finalised. Additional and revised information will appear in the Diary section of *PJ Online* (www.pjonline.com/noticeboard) and in

The Pharmaceutical Journal's weekly Diary column (in the Society section), which gives details of meetings for eight days from the Monday following the publication date of the issue.

Members should also note that they are normally free to attend meetings of any branch and not just the one to which they have been allocated or which they have chosen to join.

Barnet to East Kent

Branch	Date	Topic
Barnet	26 September	Wounds and wound dressings
	30 October	The over-the-counter revolution
	5 December	First Aid
Bolton	31 August	Special event for newly qualified pharmacists and preregistration trainees
	13 October	Annual professional dinner
	9 November	Palliative care
	7 December	National Patient Safety Agency
Bromley	16 October	Paediatric epilepsy
	20 November	Dermatology
	11 December	Eczema
Bury and Rochdale	25 September	Drug counterfeiting and technology to fight it
	30 October	HIV and its treatments
	27 November	Hormone replacement therapy and osteoporosis
Central Lancashire	11 September	Audit as part of the new pharmacy contract
	15 November	<i>Topic to be announced</i>
Chelmsford	19 September	Obesity strategy
	19 October	Current topic (Council speaker)
	21 November	Practical aspects of dealing with substance misusers
Clwyd	19 September	Smoking cessation
	6 & 7 October	Branch conference: Drugs in sport (review of doping in sport and its control)
	14 November	Osteoporosis: a therapeutic update and clinical audit
	28 November 29 January	Needle and syringe exchange Annual general meeting and business meeting
Colchester	September	Depression
	November	Dressings and tissue viability
Crawley, Horsham and Reigate	2 October	Gastrointestinal disease
	29 November	Medicines use reviews
Derby	11 September	Welcome evening for preregistration trainees
	2 October	Hypertension
	6 November	Stroke
	4 December	Heart failure
Dudley and Stourbridge	12 September	Continence; preregistration reception
	19 October	Epilepsy
	14 November	Atypical antipsychotics
	5 December	Coeliac disease
East Kent	30 October	The non-pharmacological treatment of pain
	7 November	Herbal medicines and drug interactions

Epsom to Manchester, Salford & Trafford

Branch	Date	Topic
Epsom	3 October	Coronary heart disease and continuing professional development workshop
	13 November	Developments in prescription and information transfer
	6 December	Advances in respiratory disease
Halifax	21 September	Talk by Society inspector
	2 November	Wound management
	27 November	<i>Topic to be announced</i>
Hereford	13 September	Differential diagnosis of ocular signs and symptoms
	9 & 16 October	Motivating change workshop: change management in chronic disease
	9 November	Respiratory disease
Hounslow	7 September	Chronic obstructive pulmonary disease
	5 October	Complementary and alternative therapies
	2 November	Monitoring the pharmacy contract
Hull	13 September	Psoriasis: a dermatologist's and a supplementary prescriber's views
	18 September	Foster report/Section 60 Order rules consultation meeting
	4 October	Health care associated infections
Ipswich	September	Treatment of dementia
	19 October	Rheumatoid arthritis
	November	Diagnosis and management of lymphoedema
Lanarkshire	5 October	Experiences of a medical director in the prison service
	2 November	The Scottish Parliament's function in relation to health care
	7 December	The media and the NHS
Leeds	11 October	Dermatology
	15 November	Palliative care
Leicestershire and Rutland	12 September	Controlled Drug legislation
	10 October	Palliative care: clinical lecture and professional issues
	14 November	Electronic transfer of prescriptions
Liverpool	9 January	Smoking cessation management
	September	Children's BNF
Macclesfield	October	Skin cancer (<i>to be confirmed</i>)
	4 October	Experiences of VSO in Africa and the treatment of AIDS
Manchester, Salford and Trafford	21 September	Active case management
	1 November	Dermatology
	December	Manchester Falls Service

Mansfield to Sunderland

Branch	Date	Topic
Mansfield	October	Management of type 2 diabetes
Mid Glamorgan East	September	Imigran recovery/Curanail
	4 October	Medicines use review and diabetes
North Staffordshire	1 November	Counterfeit medicines
	14 September	Myocardial infarction
Norwich and Norfolk	5 October	Medicines use review (<i>provisional</i>)
	19 October	Heart failure
	16 November	Hypertension
Nottingham	28 September	Avian influenza pandemic
	26 October	Electronic transmission of prescriptions and automated dispensing
Oxfordshire	30 November	The antibiotics use debate
	9 October	Influences on prescribing
	13 November	Legal update: Section 60 Order and changes in CD legislation
Portsmouth	11 December	Medicines use review
	19 September	Non-medical prescribing
	10 October	Obesity
Sheffield	7 November	Suicide prevention
	5 December	Sexual health
	12 October	Teenage skin problems
Slough	9 November	Medicines use review: enhancing the skills and making the most of consultation(s)
	23 November	Antibiotics and infections
South Cheshire	12 September	Migraine
	5 October	Breast cancer
	8 November	Dental health
South East Metropolitan	25 September	<i>Topic to be announced</i>
	17 October	<i>Topic to be announced</i>
	23 November	<i>Topic to be announced</i>
Sunderland	19 September	Dermatology
	October	Cardiology
	23 November	Unwanted travel souvenirs: imported infections
Sunderland	20 September	Address by Graham Phillips (member of Society's Council)
	18 October	NHS primary care contracting
	15 November	Dermatology update
Sunderland	11 October	Coronary heart disease
	7 November	Address by Keith Ridge (chief pharmaceutical officer for England)
Sunderland	September	Long term neurological diseases
	or October	Hope Winch annual reunion dinner
	14 October	Hope Winch lecture
Sunderland	November	Hope Winch lecture

Teesside to Wirral

Branch	Date	Topic
Teesside	19 September	Continuing professional development
	October	Paediatric medicine
	November	Concerns in public health
	December	Pain management
Thames Valley	September	Preregistration meeting
	11/18 October	Electronic transmission of prescriptions
Walsall and Wolverhampton	10 October <i>(to be confirmed)</i>	Skin cancer and other lesions
Weald of Kent	14 September	Address by a cardiological prescribing pharmacist
	19 October	Speech therapy in practice
	16 November	Diabetic diagnostics
West Cumberland	11 October	Countering fraud in the NHS
	8 November	Safe medication practice
West Surrey	12 September	Breast cancer
	10 October	Influenza, avian influenza and pandemic influenza planning
	14 November	Practical management of minor wounds within a community
	12 December	Insulin resistance and polycystic ovary syndrome <i>(provisional)</i>
Wigan	21 September	Section 60 Order and Controlled Drug Regulations
	18 October	Clinical <i>(to be confirmed)</i>
Wirral	20 September	Microbiology
	19 October	Topic <i>to be announced</i>
	15 November	Haematology

The following branches have not yet finalised their programmes: Ayrshire, Bedfordshire, Bristol, Fife, Lancaster, Morgannwg, North Hampshire, Swindon.

No programme information was received from the following branches: Aberdeen and North Eastern Scottish, Bath, Birmingham, Bradford, Brighton, Bro Myrddin, Buckinghamshire, Cambridge, Cardiff and Vale of Glamorgan, Ceredigion, Chesterfield, Cornish, Coventry and Warwickshire, Croydon, Doncaster, Dorset, Dumfries and Galloway, Dundee and Eastern Scottish, Durham, East Cumberland, East Kent, East Metropolitan, Edinburgh and Lothians, Fife, Glasgow and West of Scotland, Great Yarmouth and Waveney, Grimsby, Guernsey, Gwent, Gwynedd, Harrogate, Harrow and Hillingdon, Hastings, Hertford, Huddersfield, Isle of Man, Isle of Wight, Jersey, Leicestershire, Lincoln, Moray and Banff, Northamptonshire, Northern Scottish, North East Lancashire, Northumbrian, Penfro, Plymouth, Powys, Reading, Scottish Borders, Sefton, Shropshire, Solihull, Somerset, South Cumbria, South Essex, South Lincolnshire, South Staffordshire, South West Metropolitan, Stirling and Central Scottish, Stockport, Torbay, Warrington, West Cumberland, West Hertfordshire, West Metropolitan, Worcester, Worthing and West Sussex, York.

Why the branches are valuable

Network News interviews David Carter, vice-chairman of the Society's Sunderland branch and secretary of the Border region, and a newly elected member of the Society's Council who has been appointed a Council sponsor for the work of the branches

■ **Why did you decide to become a pharmacist?** It was an obvious choice for me: pharmacy runs in my blood. I am a third generation pharmacist and have worked in the pharmacy since I was knee high to a grasshopper.

■ **What inspires you most about the pharmacy profession?** So much has changed in pharmacy since I qualified and the profession has always risen to the challenge for the benefit of patients, which is inspiring.

■ **What are the best things about being involved in your local branch?** The fellowship of pharmacist colleagues and the educational meetings, which are always relevant to practice.

■ **And the worst?** The most frustrating thing about being involved with the branch is the significant majority of members who do not attend meetings despite a lot of hard work and organisation on their behalf by the committee.

■ **Why did you decide to run for the Council?** To help ensure a positive future for the profession.

■ **What happened at your first Council meeting?** We discussed many issues affecting the profession and I took part in elections for the Officers. Council committees and Society staff presented reports which were considered, amended and approved. Some items were referred back to committees for further consideration. I gained a greater understanding of the structure and functions of the Council and the Society.

■ **Do you think being involved in your branch enables you to bring any extra dimensions to the Council member role? If so, what?** Yes, being involved with the branch means liaising with a whole bunch of pharma-



Vital statistics: David Carter

Your full name?
David Michael Carter
Your day job?
Community pharmacist
Your branch?
Sunderland and district...
(also Border region)
Pharmacist since when?
1983

cists from all areas of the profession. The branch is therefore a good forum in which to canvass opinion and get a feel for the issues affecting pharmacists at the "coal face."

■ **What would be your vision for the future of pharmacy at branch level?** In my view the branch network should exist mainly for educational updates and fellowship. I would like to see better use made of branch members' experience with more peer review whereby experienced members of the branch can mentor colleagues with their individual continuing professional development records.

■ **Who is your hero, your mentor or the person you most admire, and why?** There is no one person that I admire the most, but back in my hospital days Ian Sharkey was the pharmacist I looked up to the most for "going the extra mile". He has recently retired as principal pharmacist paediatrics at the Royal Victoria Infirmary in Newcastle. He always encouraged me to say "yes" to every opportunity or challenge to broaden my experience not only of pharmacy but of life in general.

■ **One event or decision in your life you wish you could go back and change?** I wish I had learnt to ski at a younger age when my legs were fitter — so that I could keep up with the rest of the group.

Council members offer hot topic presentations to inform debate

Branches planning their programme of meetings for 2006–07 might like to consider inviting a member of Council or Society staff to make a presentation on the key issues facing the profession today. Hot topic presentations include:

- The work of the Society
- Professional leadership and development
- Prescribing by pharmacists
- Pharmacy 2020
- Long term conditions
- New fitness to practise procedures

The Society will pay the travel and accommodation expenses for up to two speakers (per calendar year), one of which may be a member of the Council, to attend branch meetings. All invitations to the Council and senior Society staff must be extended through the Membership Unit, who will contact the speaker on your behalf. Expenses for any additional speakers will need to be paid from the branch funds.

More details on the presentations and presenters are available from the membership team on 020 7572 2330.

Careers display stand offer

For branches wanting to promote pharmacy careers locally, the Society can offer a mini display stand to act as a pharmacy focal point at careers events.

The stand is 850mm wide by 2,200mm high, easily assembled and stored making it ideal for events such as careers conventions and school open days.

The career stands are offered to branches at the cost price of £315 (+ VAT and delivery charge) and can be ordered by contacting the membership team on 020 7572 2330 or e-mail careers@rpsgb.org.

Students' view of BRM and AGM

In this issue of Network News, we asked what pharmacy students thought of the Society's branch representatives' meeting (BRM) and annual general meeting (AGM). Here, **Gautam Paul**, British Pharmaceutical Students' Association (BPSA) president 2005–06 and **Jennifer de Val**, BPSA president elect 2006–07 give us their overview.

Attending the AGM and BRM provides a useful insight for the BPSA to learn about current developments at the Society. Furthermore the BRM provides a platform upon which the BPSA can present the views of its members to the Society and the other branches, with a view to driving BPSA policy forward.

The AGM itself was an excellent event to attend as hearing reports of the Officers enabled the BPSA to hear how much hard work takes place at the Society by the Council, directors and other staff members. It was good to read and hear the annual report of the Society, and to hear about plans for the future, such as Pharmacy 2020.

It was interesting, however, to observe the number of members attending, which appeared to be low. In order for the AGM to be more relevant to the members, it should reach out to a larger audience. As mentioned, in *The Journal* (PJ, 3 June, p644), the AGM being held alongside the British Pharmaceutical Conference after the afternoon sessions would help draw numbers to the AGM as well as to the BPC. As the BPC is the flagship event of the Society it makes good sense for the AGM to coincide with it.

On attending the AGM, it was interesting to see the way in which the debates and motions were carried out, and compare this with our own experiences at the BPSA annual conference. The content of the meeting was useful for the younger end of the profession, and we would encourage any newly qualified pharmacists to attend and get involved with the future of pharmacy.

Preparation for the BRM takes place several months before the actual event. Firstly the motions to be presented are chosen by the BPSA executive. The motions chosen are BPSA policy passed at the BPSA annual conference the preceding year. The criteria for choosing the two motions are not set out, and the choice is taken seriously. The BPSA executive endeavours to choose motions they feel are timely and relevant to the Society, and will best represent what BPSA members want. Following this, the explanatory paragraphs are drawn up and then sent to the Society.

Producing a relevant and well worded motion is not an easy task and for this year it was extremely useful that Society staff offered assistance to the branches with the writing of the explanatory paragraphs. The BPSA certainly benefited from this expertise which



Gautam Paul with Society President Hemant Patel

helped to better shape the submitted motions.

Attending and taking part in the BRM aids the BPSA in representing its membership and acting on their views. It also helps to put pharmacy student views to the forefront of the pharmacy agenda and enables the BPSA to participate fully in the branch network and to promote awareness of our Association to the profession.

Speaking at the BRM can be a daunting experience especially if doing so for the first time. Taking part in the BRM helps to build confidence and public speaking skills, which are important transferable skills for working life.

The BPSA was disappointed that the motions it presented were not passed at the BRM. However, at the same time we were pleased that the importance of the motions was recognised, and to know at least one will be considered by the Society.

The afternoon sessions at the BRM allowed the attendees to see the developments at the Society and to hear about the plans for the future. A presentation focusing on preparing branch motions was particularly interesting with the general feeling in the room being that it will be very useful to have formal guidance available from the Society.

The fact that the AGM and BRM bring together such a wide spectrum of the profession means that they make ideal networking events. I was surprised to find that many attendees had been involved with BPSA during their undergraduate days. It was reassuring to know that there were many people at the BRM who understood the BPSA and why we believed in our motions, even if they were not passed.

The next opportunity that the BPSA will get to mix with branch members will be at the branch and regional secretaries' meeting in October and we look forward to having the opportunity to let our views be heard again then.

Branch welcomes students

The Society's Aberdeen and North Eastern Scottish branch has succeeded in encouraging MPharm students from the Robert Gordon University to attend its branch meetings, leading to improved shared experiences.

The first meeting to which students were invited, in February, focused on supplementary prescribing, attracting an audience of over 60. Supplementary prescribers from primary care, hospital and community settings were among the speakers.

Stephen-Andrew Whyte, who has now started his preregistration year at Great Ormond Street Hospital, London, was one of the students who attended. He said: "Not many students are aware that they are automatically a member of their local branch so a group of us really only got involved in the second year, when our tutor, Kim Munro, who is also the secretary to the branch, explained what happens at the meetings and invited us along. We found that the topics covered were all relevant to students and the speakers were well balanced, covering all the major areas of pharmacy. The supplementary prescribing meeting was particularly relevant because, along with the new contract, this is probably the most important issue facing pharmacists today."

The students' attendance at the branch meetings has led to two of them, including Mr Whyte, being asked to committee meetings to help devise the branch programme. Ms Munro, who is lecturer in clinical pharmacy at the Robert Gordon University, said: "Over the past three years the branch has encouraged pharmacy students to attend its meetings. The numbers have steadily grown.

"When planning our 2006 programme we decided to host a joint event with pharmacy students. We had already planned to hold a meeting based on supplementary prescribing and felt that the theme could be expanded to give an insight into pharmacists' differing roles within our profession. This approach ensures that students are able to gain a better understanding of what day-to-day pharmacy is all about and at the same time provide topics of interest to our branch members."

Mr Whyte found that the students were made to feel extremely welcome and that their views and questions were actively encouraged. He said: "The branch members all listened to us and really encouraged us to have our say. It is vital that students are made to feel that they are not different from anyone else in the branch. At the end of the day, we are all part of the same branch with the common aim of learning more and improving our day-to-day pharmacy practice. Although students can learn from practising pharmacists, it is also true that practising pharmacists can learn a lot from what the students have to say, too."

For further information about how the branch encouraged student members to get more involved, contact Kim Munro (tel 01224 262514; e-mail k.munro@rgu.ac.uk).