

Are you waiting to board the CPD bus?

It has been all systems go at the Royal Pharmaceutical Society's education division lately. This week the Society sends out a 30-minute video tape about continuing professional development to all working pharmacists, closely followed by CPD packs to 5,000 "volunteers". Lin-Nam Wang investigates

MOST people dislike change. As a pharmacist, it might seem to you that huge changes are on the horizon, but they will be arriving through your letter box sooner than you think. This week, in partnership with the Centre for Pharmacy Postgraduate Education, the Royal Pharmaceutical Society started to send out its video tape "Introducing CPD" to all working members. That is over 33,000 cassettes. And things do not stop there. Next week the Society will start dispatching CPD packs to the 5,000 pharmacists selected to take part in the next leg of the journey to mandatory CPD.

THE VIDEO TAPE

The purpose of the video tape, which includes interviews with pharmacists, comments from other health care professionals, and features a "CPD bus", is to explain what CPD is, what is likely to happen with mandatory CPD and revalidation and, perhaps most importantly, to reassure pharmacists who are worried about it.

It does explain CPD rather well. It is clear from the quality of the production that the Society means business and is concerned for members who are feeling anxious about CPD. Dr Peter Wilson, consultant to the Society on communication and policy with respect to CPD, told *The Journal* that there were several reasons why the Society chose to use a video tape to get its message across. First, it has a greater impact than a printed document. "We thought also, that a video is more tangible and more likely to be viewed by pharmacists who receive a terrific amount of paperwork. We were worried that just another document on CPD would go straight in the bin" Dr Wilson said.

The true strength of the recording is that it contains testimony from pharmacists who have already experienced the Society's CPD ethos, through taking part in the edu-

cation division's CPD pilots (see Panel). Pharmacists from different sectors of pharmacy describe what the different steps of the CPD cycle mean to them, what they get out of undertaking structured CPD, and how they feel about having to do it in order to be revalidated.

Dorothy Barker, a production pharmacist who works in a specials laboratory in Prudhoe, Northumberland, was interviewed for the recording. "Videos and being photographed are not normally my thing and I wanted to refuse to take part in the video initially, but I thought that if everybody refused to take part, nothing would ever get done. I wanted to encourage people from my age group to become involved in CPD," she told *The Journal*.

Jayesh Patel, an independent community pharmacist who works in Kentish Town, London, said that he decided to appear because he had been in the Society's two pilots and had thoroughly enjoyed them. "Initially, I had reservations about CPD. I thought, oh no, not more paperwork. But there are many benefits and I wanted to convey that to fellow members," Mr Patel explains.

Each video tape cost the Society 67p, which, Dr Wilson thinks, is excellent value for money. "If we had produced printed material covering the same ground, it would have cost somewhere between £8 and £10 per copy," Dr Wilson told *The Journal*. However, no alternative provision has been made for those of us who might not have a video recorder. "Here, we're going to have to rely on written material and things that are written in *The Pharmaceutical Journal* and other publications," Dr Wilson said.

THE CPD PACK: A PREVIEW

The CPD pack has been produced in collaboration with the CPPE. Following an initial letter from Dr Robert Dewdney, head of the Society's education division, 5,000 pharmacists can expect delivery of one. To be pre-



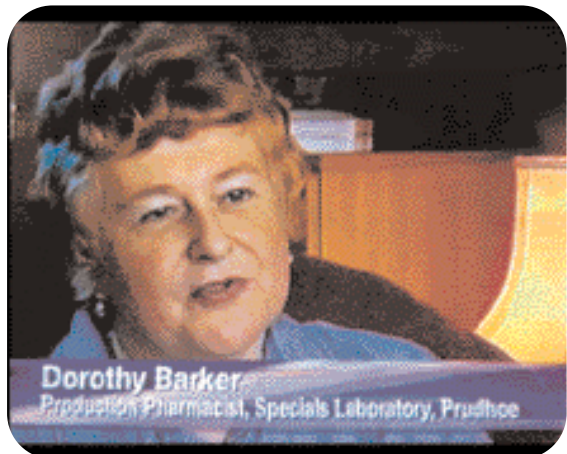
It is hoped that 5,000 will volunteer to board the "CPD bus" by March 2003

cise, the 5,000 have not all volunteered to be sent a pack. They have been selected by the Society and it is their decision to use the pack that is voluntary, although CPD is a professional obligation. One reason for these pharmacists to start CPD, if they have not already done so, is that some will be among the first to be asked to submit their records to the Society when CPD becomes mandatory. However, according to Fred Ayling, CPD officer at the Society, it is envisaged that for those who decline to take part at this stage, the Society can only expect them to produce evidence of CPD from when it becomes a mandatory requirement, and not before.

The first batch will be posted to those who have volunteered to act as CPD trainers within their organisations. Further batches will be sent over the next few months, starting with pharmacists in Manchester, Salford and Trafford in two weeks time, and ending with pharmacists in south Cheshire receiving their packs in November.

The pack consists of an 18-page guide entitled "Plan and record" (plus paper record sheets that can be photocopied), an online user guide and CD-ROM for those who intend to record their development electronically, a CPPE video tape "CPD, your next move" and an invitation to take part in CPD workshops that will be co-ordinated with the roll-out.

"Plan and record" takes the reader through each stage of the CPD cycle in detail as well as giving advice on making records. It also provides guidance on good practices (eg, how to set objectives) and examples using case studies, most of which are based on real records from the pilots. There is help to draw up a personal development plan and suggestions for activities to meet learning needs.



"Introducing CPD" features practising pharmacists

With respect to recording CPD, the focus is on quality rather than quantity. Records for learning that starts at the reflection stage of the cycle are three pages long and, on average, it will take about 30 minutes to produce one record. For the moment, there is no stipulation for how much CPD should be recorded, but pharmacists in the pilots typically made one record each month.

The Journal spoke to David Cook, community services pharmacist at North Tyneside Hospital, who took part in both of the Society's pilots but does not appear on the "Introducing CPD" video tape. During the pilots, Mr Cook worked full-time as a hospital pharmacist. He accepted the Society's invitation to take part in the first pilot because he was concerned about CPD becoming mandatory and wanted to find out more "I decided to grasp the nettle early on," he says.

Mr Cook confirms that it took about half-an-hour to make one CPD entry and that although he undertook many CPD activities, he only made about one record per month. "Occasionally I would do an exercise and make a point of writing it down. Sometimes you got round to it, sometimes you didn't." He did not set aside a formal slot in the week, but thinks that might have helped him. He says that he did have to do bits of CPD in his own time but did not mind as long as it did not encroach too much on his home life.

Mr Cook says: "CPD is much more to do with a process than simply attending events as you would do for continuing education". He believes that the questioning on the record sheets is quite complex, but provided the facilitators are still available (as they were in the pilots) CPD is not something to run away from.

Mr Ayling says that the Society has learned from the pilots, that facilitation makes a big difference, but that many are happy to work in groups. For the 5,000 the need for help will be met by CPPE workshops as well as trainers from within the NHS and other employers.

Keeping a CPD record using the Society's model involves indicating which areas of competence your learning objective relates to. "Plan and record" provides three competency lists based on those in 'Medicines, Ethics and Practice': a list for all pharmacists, a list for community pharmacy and a list for hospital pharmacy. Dorothy Barker was a community pharmacist at the start of the pilot and acknowledges that when she started to work in production, CPD was "a little more awkward" because there was less guidance.

According to Mr Ayling, the lists are subject to revision and the Society is looking at developing further lists for primary care, academia, industry, prescribing and management among others.



The contents of the CPD are subject to revision and there are many questions still to be answered

The Society will be randomly monitoring records for plagiarism, and advises pharmacists to be specific in their records. Pharmacists, where possible, should also collect evidence supporting their CPD although this need not be submitted to the Society unless requested.

WEBSITE

In order to avoid a barrage of paper the Society has set up an internet website (www.update.org.uk) for pharmacists who wish to keep their records electronically. This method of submission is heavily promoted in "Introducing CPD". In the future, it is hoped that the website might provide direct links to other online resources.

UNANSWERED QUESTIONS

Despite the obvious effort the education division has put into producing "Introducing CPD" and the user-friendliness of the

CPD pack, there are still questions left unanswered.

For example, what will happen to the annual 30-hour continuing education requirement? According to "Plan and record", one benefit of CPD is that it "enables you to update, maintain and develop your capabilities by avoiding the need to complete a fixed number of hours of continuing education". This does not however, mean that the 5,000 volunteers are exempted from doing their 30 hours. "We are trying to move away from a fixed number of hours because its not a particularly meaningful measure" explains Fred Ayling "but until CPD has been fully rolled out to the profession, the Code of Ethics requirement still stands".

Pharmacists who have already been recording their

CPD, especially those using CPD portfolios provided by their employers, might be concerned that the Society's model for keeping records requires much more detail than the format they have been following. Mr Ayling told *The Journal* that in the past, the education division had worked with employers to help them provide an acceptable portfolio but further criteria have developed over time and the Society is now working with employers so that their existing portfolios can be changed to meet new requirements. However, pharmacists should not be concerned and it is reasonable for them to continue using the materials currently available to them.

Another unanswered question is, who will eventually be evaluating CPD performance and what criteria will be used? "Until we know about the structure of the register, we cannot answer this. The key is ensuring that recording relates to the role of that pharmacist" says Mr Ayling. Some non-pharmacist assessors were used in the pilot, so assessors could be non-pharmacists, as long as there are clear criteria available.

It is unlikely that any of these questions will be answered until the modernisation steering group has finished consulting with the CPD implementation group and others and, until then, not all pharmacists may feel adequately reassured. "Introducing CPD" tells us that another 10,000 pharmacists will be sent CPD packs next year, with the remainder joining them in 2004 and the Society hopes its video tape will convince pharmacists that perhaps things will not change so much after all.

David Cook told *The Journal* "There's a lot of fear about CPD, an 'if you don't get the process right, you'll be kicked off the register' type of fear. Before the pilot, I wasn't recording anything, and I wasn't reflecting on much, but I probably was still doing the same things. I think most pharmacists are already doing CPD if they think about it."

Peter Wilson answers some frequently asked questions on CPD in an article on p508.

CPD so far

- 1 **September 1996** Pharmacists support mandatory measures (Pharmacy in a New Age)
- 1 **March 1999–March 2000** Society's first CPD pilot (approximately 500 participants)
- 1 **March 2001** Pharmacists support mandatory measures (consultations on the new Health Act)
- 1 **July 2000** Bristol Royal Infirmary inquiry
- 1 **August 2001–June 2002** Society's second CPD pilot (approximately 120 participants)
- 1 **March–September 2002** A focus group tests web-based CPD
- 1 **October 2002** Society sends out "Introducing CPD" video
- 1 **October 2002** Roll out of CPD pack to 5,000 pharmacists