

Continuing professional development

Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbour. Catch the trade winds in your sails. Explore. Dream. Discover.

(Mark Twain)

Checkpoint

Before reading on, think about the following questions to identify your own knowledge gaps in this area:

- What are some of the issues that resulted in the introduction of a formalised approach to continuing professional development (CPD) for healthcare professionals?
- How do you define CPD?
- What is the difference between CPD and continuing education (CE)?
- What is a personal development plan (PDP)?

Continuing professional development (CPD) for the healthcare professional is a theme that runs throughout this book. There are many definitions of CPD and often much confusion about what CPD means in practice. One very simple definition of CPD is: 'everything that you learn that makes you better able to do your job'. The primary aim of the CPD process is to improve the quality of the services we provide as a community pharmacist. The quality of pharmaceutical service provision is increasingly measured by both the public and our paymasters. CPD offers the pharmacist the opportunity to stand back and look at ways of improving their level of professional competence. The fact that you are reading this *Community Pharmacy Handbook* is evidence that you are interested in CPD and developing the way that you practise in the community.

This introductory chapter looks at:

- the origins and drivers for CPD
- the issue of continuously improving quality and clinical governance

- practical issues surrounding CPD and overall personal development planning.

The CPD concept

It is useful at the outset to look at how CPD has come to the forefront of our thinking as a profession and why it is so important. Pharmacy is a respected profession and the community pharmacist is placed in a position of trust, especially in the way that they relate directly to patients and are readily accessible to provide advice and information. CPD involves establishing a framework to ensure that professional competence is maintained and the public is reassured about the high quality of pharmacy services offered.

The high-profile tragic events at the Bristol Royal Infirmary moved the spotlight on to the competence of healthcare professions. One of the many recommendations from the Bristol Royal Infirmary Inquiry (the Kennedy report) was that it must be part of all healthcare professionals' contracts that they undergo appraisal, CPD and revalidation to ensure that all healthcare professionals remain competent to do their job.¹ The government made it clear that health professions should set up systems of mandatory CPD. CPD for health professionals was also emphasised in *The NHS Plan*,² and specifically for pharmacists in *Pharmacy in the Future – Implementing the NHS Plan*.^{3,4}

CPD is not only driven by government documentation, it has also become a practical reality due to the rapid increase in knowledge relevant to the practice of pharmacy. The extended role of the community pharmacist that has incorporated a much more clinical emphasis has presented the profession with a challenge. The challenge is to ensure that pharmacists are not only up to date with their pharmaceutical knowledge, but are also fit to practise in terms of skill and application of their knowledge. In the past the emphasis has been on continuing education (CE) and this has taken the form of evening meetings, study days and distance learning. This is not an uncommon approach and CE activities were found in other professions such as medicine, nursing, engineering and law. CPD now replaces the earlier requirement of the Royal Pharmaceutical Society (RPSGB), for all pharmacists to complete 30 hours of CE every year. One of the principles of the *Code of Ethics for Pharmacists and Pharmacy Technicians* is to develop professional knowledge and competence.⁵ This will require the pharmacist to undertake and maintain up-to-date evidence of CPD relevant to their field of practice (Principle 5.4). Some pharmacists have difficulty with the CPD concept as they feel more

comfortable with a knowledge-based CE approach where they attend a learning event or read a chapter in a text book. The acquisition and updating of knowledge in this way is an important activity and one that is a part of the CPD process. However, it is important that a distinction is made between CE and CPD. After many years of using the CE approach it has become clear that this approach has several disadvantages in terms of ensuring 'fitness for practice'. Some of the problems encountered with CE are:

- CE events do not include the many day-to-day practice-related activities where significant learning takes place, for example interaction with a colleague or tutorial involvement with a pre-registration trainee
- CE events tend to be passive in their approach and to bypass other ways of learning such as job shadowing another healthcare professional or discussing a case with a general practitioner (GP)
- CE is not specific for individual pharmacists and their development needs at the time. For example a training evening on a specific topic may not be relevant to the development needs and practice priorities of an individual. The aims and objectives of CE courses and training packages are generally set by the course provider
- the CE assessment process tends to assess only the knowledge gained as opposed to the impact of that knowledge on the pharmacist's practice.

CE certainly has an important place in our ongoing development, but needs to be incorporated into the wider CPD framework. There are many definitions of CPD as it applies to different professions. One example from the Institution of Civil Engineers is:

The systematic maintenance, improvement and broadening of knowledge and skills and the development of personal qualities necessary for the execution of professional and technical duties throughout your working life.⁶

There are many similar definitions, and all have common keywords that emphasise the continual ongoing nature of the CPD process, the reference to knowledge, skills and behaviour, and the linking of these to professional practice.

The CPD concept is all about the individual driving their own professional development. To engage fully as a community pharmacist within a changing environment, a positive approach towards CPD is essential. An open approach is needed that allows the pharmacist to stand back and ask questions such as:

- what service do I want to deliver?
- what are my development needs in this area?
- how do I meet these needs?
- how will I reflect on my development in this area and ensure that the service I offer is of the highest quality?

CPD and clinical governance

Clinical governance has been defined as:

A framework through which NHS organisations are accountable for continuously improving quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish.⁷

At first sight this formal definition can appear quite complex. Clinical governance is all about how to improve quality. The quality-improvement agenda within the NHS includes setting standards from the National Institute for Health and Clinical Excellence (NICE) and national service frameworks (NSFs) and the monitoring of standards by the Healthcare Commission and others. It is important to recognise that the clinical governance umbrella covers a wide range of activities and processes for improving quality and ensuring professional accountability. These processes include the following areas:

- evidence-based practice
- CPD
- audit
- risk management
- remedying poor performance
- monitoring clinical care
- patient and public involvement
- staff management
- being accountable.

CPD is seen as a fundamental component of the quality-improvement agenda and good professional practice. CPD needs to be directed at areas of practice where enhancement of capability is required.⁸ Capability in this case can be defined as the extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance.

The pharmacist is required to recognise the limits of their professional competence, practise only in those areas in which they are competent to do so and refer to others where necessary. This principle of the Code of Ethics is of particular relevance to the community pharmacist who is faced with adapting to new expectations, in terms of services offered and new ways of working.

There is currently wide-ranging discussion about the revalidation of pharmacists and how this may operate in the future. CPD is seen to be an essential component of a much wider revalidation process. For example, a revalidation system may involve some form of practice requirement such as a performance appraisal or a practice audit.

Many community pharmacists, while recognising the importance of CPD, can feel uncertain about where to start in terms of their own professional practice.

CPD – getting started

It is important to get started with the CPD process. Many pharmacists are not engaging fully in CPD and need further support to enable them to do so.⁹ The aim of this section is to provide the information and guidance necessary to start the process and incorporate CPD as part of everyday working practice.

Some of the major barriers to CPD that could possibly prevent pharmacists from participating fully in the CPD process are:

- a perception that CPD is time consuming
- a misunderstanding of the CPD process and what is involved for the pharmacist
- difficulties in identifying learning needs and evaluating CPD activities.

With the introduction of mandatory CPD it is imperative that these barriers are broken down to enable practising pharmacists to move towards a more focused approach in their own development. CPD need not necessarily be time consuming. For example, a brief question from a patient regarding their medication may lead the pharmacist to reflect on their current knowledge of a particular drug. This may result in only a small amount of research such as looking at reference sources and later applying this knowledge to the next similar patient query. The first part of this process may only take a matter of minutes. Conversely, if as part of a personal and business development plan a pharmacist decides to become involved in the provision of a smoking-cessation clinic, this will clearly involve a much more detailed approach to the planning and development of knowledge and skills before being able to apply this to practice. Both examples of CPD will take vastly different amounts of time and input. Many pharmacists are already involved in CPD on a daily basis but are failing to plan and record their activity. It is only through the disciplined planning and recording of CPD activities that the pharmacist can obtain a more accurate picture of the amount of time it is taking. It is unfair to say that CPD is time consuming, as much of what constitutes CPD activity is integrated into everyday practice. The practicalities of the planning and recording procedures will be discussed later in this section.

The second barrier is a misunderstanding of the CPD process and what this involves. For example, not all pharmacists understand the difference between CE and CPD, and there are definite differences in pharmacists' attitudes and perceptions of the CPD process.¹⁰ This is not an easy barrier to overcome as it often involves a change in behaviour and working patterns. For example, the community pharmacist who has recently attended a training evening on asthma may file the course

material and do nothing further with the information they have gained. Alternatively the pharmacist may return from the same CE event and contact the local asthma nurse to informally discuss one of the case studies on the use of corticosteroids in acute asthma. During the conversation the details of the case become reinforced and the pharmacist arranges a more formal meeting with the asthma nurse to look at ways of working together more closely. It is this latter approach that allows the pharmacist to gather momentum in terms of both individual development and delivering improved patient outcomes.

The third barrier of finding difficulty in identifying learning needs and evaluating CPD activities can only be overcome with increased experience. The identification and driving of our personal learning agenda and development plan is a concept that is relatively new for the community pharmacist. The subsequent evaluation of our CPD is a skill that can only be developed over a period of time. The pharmacist should continually make CPD records and examine what they do, with a positive but critical eye. This is one of the reasons why it is so important to get started!

CPD is an ongoing cyclical process of reflection on practice, planning, action and evaluation or reflection on learning (Figure 1.1). It is useful to look at each of these stages in turn.

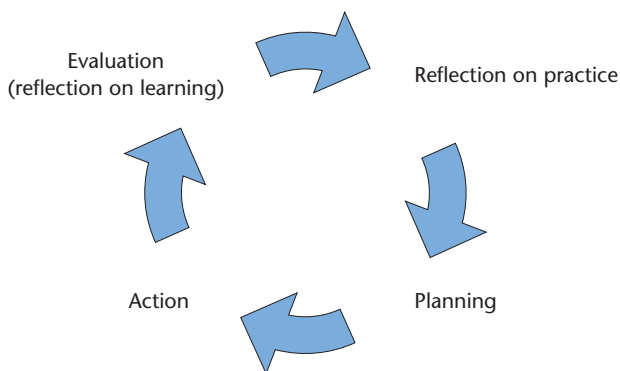


Figure 1.1 The continuing professional development cycle.

Reflection on practice

Reflection on practice is the process that is used to ‘self-diagnose’ our learning needs. This process involves standing back and looking at what has been achieved in our practice and where we see our career progressing in the future. On a broader scale this is what takes place when

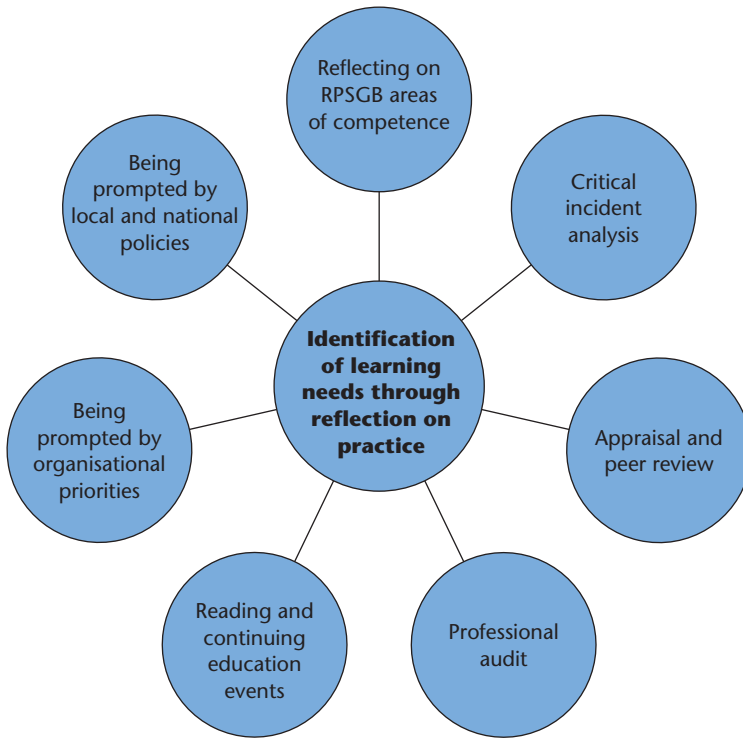


Figure 1.2 Continuing professional development: methods of identifying learning needs through reflection on practice.

we start to write a personal development plan (PDP). It is important to recognise that there are different ways of identifying learning needs through reflection (Figure 1.2). A practical example is included under each heading to illustrate different methods of identifying and highlighting professional development needs.

Examples

All of the examples in this section involve the community pharmacist James Brown, who works for a small multiple in a town centre pharmacy. He has been registered as a pharmacist for 11 years and has worked mainly as a community pharmacist-manager throughout this time.

Critical incident analysis

Critical incident analysis is about learning from meaningful events, and involves taking a thoughtful approach to a particular event and looking at the outcome. It is not important if the outcome to the event was positive or negative. The important issue is that the event is analysed and the question asked: 'What did I do to bring about this positive/negative outcome?'

If the outcome was positive then we are looking at ways of applying our success to other similar situations. If the outcome was negative then we are looking at ways of avoiding a similar situation in the future.

Example 1.1

A customer asks James for his professional opinion on the benefits of taking glucosamine tablets for pain in his knee joint, as he has been recommended to take this by his GP. The customer notes that the product is quite expensive and would like some more information and advice before making the purchase. Glucosamine is not James's specialist subject and he has not read round the subject even though he has been aware of recently published articles on this product. He decides to actively recommend the product as it has been suggested by the GP but finds himself unable to provide an adequate answer to the customer.

On analysis of this incident James feels that he has been put on the spot and not really addressed the query in a professional manner. He starts to think about what his learning needs are in this area and he comes up with two suggestions:

- the need to become more familiar with the use of this product and look critically at the evidence base for its use
- the need to adopt a standard procedure when asked about areas where he has little or no knowledge, for example recording the query and customer details and researching thoroughly before answering the question.

These broad suggestions have stemmed from a critical incident that probably took less than five minutes of James's working day.

Appraisal and peer review

Appraisal and peer review are an excellent way of assessing learning needs. Typically the way we view our own work is often different from the

way that our line manager or colleagues see us. For example we may be over-critical of what we do or may have blind spots and areas of development that we tend to ignore. Appraisal tends to be a formal process compared to peer review, which could include an informal conversation. In some cases it is useful to ask a colleague to discuss a critical incident that you are considering, as they may be able to look at the incident from a completely different angle.

Example 1.2

James Brown was talking to his pharmacist friend Ruth Owen about the glucosamine query incident and admitted that he felt that the quality of professional service that he had offered had been less than satisfactory. Ruth mentioned that recently she had experienced a similar incident and this prompted her to contact the medical information department of the glucosamine manufacturer. Ruth obtained some useful reference sources and made some brief notes. Ruth showed James her notes and he was impressed with the way that the papers had been neatly summarised and filed. Ruth suggested that a more organised approach to customer queries and the creation of an accessible file would be useful. Ruth offered to share and explain her system of note taking and filing. This conversation added a new dimension to James's critical incident analysis and identified a further learning need.

Professional audit

A professional audit involves systematic evaluation of professional work against set standards. The process of audit will be discussed in more detail in Chapter 4. Professional audit is a useful tool when reflecting on our learning needs.

Example 1.3

James has noticed recently that a lot of customers have complained about the length of time they need to wait for a prescription. He is determined to find the reason for this increase in customer dissatisfaction and decides to carry out an audit. James is aware that there are

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many factors that could affect the time taken for prescriptions to be completed. One factor that he is particularly interested in is the level of staffing at different times of the working day. He plans to construct an audit to determine the number of staff available for the dispensing process at different times of the day and some indication of their skill level. The information he gains from this audit helps him to identify certain problem areas that relate to staff management and training. Some of these problem areas could be improved by more proactive management of staff, and he identifies this as an area for CPD.

Critical reflection on the information provided by an audit can act as a stimulus to help identify individual learning needs.

Reading and continuing education events

Active reading of journal articles and the participation in CE activities such as workshops can often encourage the wider exploration of an area of personal development. The consideration of questions such as those found in the 'Checkpoint' sections at the start of the chapters in this book can be a useful tool. The questions can act as a prompt to ask: 'Is this subject relevant to my practice and how can I apply this knowledge?'

Example 1.4

James attends a local Centre for Pharmacy Postgraduate Education (CPPE) evening on hypertension, and in the pre-course reading and during the presentation there is reference to the taking of accurate blood pressure readings. He already supplies digital blood pressure meters and would like to offer a blood pressure monitoring service. However, the practical use of blood pressure meters and obtaining an accurate reading is not covered in the workshop. It is some time since he was involved in taking blood pressure readings and he feels that his knowledge and level of skill in this area must be improved if he were to introduce a blood pressure monitoring service.

Being prompted by organisational priorities

In some cases the reflection may be imposed from above, through an employer or by the implementation of national priorities by a local primary care organisation (PCO).

Example 1.5

The pharmacy multiple that employs James decides that his pharmacy is to start offering a cholesterol testing service within the next 6 months. James starts to reflect on the knowledge and skills needed to be able to deliver this service. The company training department has produced a training manual designed to prepare all staff for the launch of this new service. James quickly skims through the training material and aims to focus on areas that he feels less confident in. For example he has recently read some articles on hypercholesterolaemia and feels confident to be able to discuss total cholesterol readings and associated risk factors. However, he is much less confident about the practical aspects of taking blood samples and interacting with the client in a more clinical setting. On reflection he decides that this is the area that he needs to develop and gain confidence in.

Being prompted by local and national policies

National priorities and specific local initiatives can sometimes prompt the individual pharmacist to think more clearly about their CPD needs.

Example 1.6

The NSF for Older People highlights the issue of falls in the elderly.¹¹ James's local PCO will be shortly introducing a project to reduce the incidence of falls in older people. This programme involves a domiciliary visit by the local pharmacist to assess the medication of patients identified by other healthcare professionals as at risk of falls. James would like to become involved in this project and starts to reflect on the knowledge and skills needed to carry out the medication assessment. As part of his reflection he starts to list the types of medication

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associated with falls in older patients, and draws out a flow diagram of some of the issues involved. He finds this exercise relatively straightforward and feels that he has the necessary clinical knowledge in this area. However, he does not feel as confident in conducting a patient interview and has not been involved in a domiciliary visit of this type before. James makes a telephone enquiry about the project to express his interest and voice his reservations. The local project lead assures him that a full induction process is available, which includes interview observation and work shadowing. He decides that involvement in this project would provide the opportunity to develop his patient interview skills.

Reflecting on RPSGB areas of competence

Another approach is to regularly take stock of our competence by matching our own self-assessed competence against published criteria.

Example 1.7

James logs on to the RPSGB Plan and Record website,¹² and browses through the key areas of competence (Appendix 7). He looks at the areas of competence specific to community pharmacy. This list acts as a prompt for reflecting on his own CPD. He decides by looking at the list that he would like to prioritise a key area of competence that would benefit his practice as a pharmacist. Recently he has had some queries from a local nursing home about waste disposal, which he has been unable to answer. Looking at the list of areas of competence he notices that 'Disposing of medication and participating in medicine disposal schemes' (competence C6g) comes under the broader heading of: 'Supplying medicines, dressings and appliances; and managing stock'.

James decides that his working knowledge of waste disposal legislation is not up to date and is inadequate. By looking at this list of areas of competence it has prompted him to reflect on his own CPD in this area. He decides he will return to this list of competences to reflect on his practice in other areas.

Having looked at different opportunities to reflect on practice we now

need to set specific learning objectives. The SMART acronym is a useful tool when setting objectives.

- *S – specific*: the objective should state clearly what it is that you want to be able to do.
- *M – measurable*: will it be possible to determine if you have met your learning objective?
- *A – achievable*: will it be possible to achieve your objective when you take into account resources such as time, cost and support?
- *R – relevant*: is the learning objective relevant to your practice? The more specific your objective, the more useful it is likely to be. Avoid using woolly or broad statements.
- *T – timed*: your specific objective needs a specific deadline for your goal to become real.

Using the specific examples, James Brown could now set learning objectives to be achieved within a set time period:

- *Example 1.1*: to be aware of the current evidence base for glucosamine products and be able to summarise this for interested customers
- *Example 1.2*: to introduce a user-friendly hard copy filing system that will assist him in his response to customer queries
- *Example 1.3*: to introduce a new staff hours management system that takes into account skill mix and the needs of the business at different times of the day
- *Example 1.4*: to demonstrate the ability to take an accurate blood pressure reading and to confidently discuss all the different types of digital blood pressure meters
- *Example 1.5*: to be able to competently perform a test for total cholesterol within specified guidelines
- *Example 1.6*: to be able to confidently conduct a structured patient interview
- *Example 1.7*: to be able to brief the pharmacy team on the correct procedures for the collection and disposal of pharmacy waste.

We are now in a position to move to the next stage of the cycle, which is the planning of our CPD.

Planning

In the examples of the previous section, specific learning needs have been identified. The next stage is to prioritise these learning needs and make a decision on how these needs will be met. Many of the skills needed in planning CPD such as time management and prioritising needs will be covered in Chapter 2.

The first part of the planning stage is to decide on the urgency of the identified objectives. There may be an urgent and immediate need to meet an identified objective or the objective may relate to an ongoing

development need that will only become apparent over a period of months or years. For example the provision of a cholesterol-testing service (Example 1.5) is to take place within the next 6 months and so there is not an immediate need to meet this learning objective. The objective relating to glucosamine (Example 1.1) is much more urgent as local GPs are now starting to prescribe or recommend this product.

The second stage of the planning process is to consider the importance of the learning objective in terms of how the learning will impact on yourself, your colleagues, your organisation and your service users.

In one of the previous examples, the development of management skills and the introduction of a new staff hours management system (Example 1.3) is important as this is already impacting on levels of service and ultimately patient care. When assessing the importance of a learning objective the pharmacist needs to stand back and ask the question: 'How often will I use the new skill or knowledge in my practice?' The management skills required in this example will have high importance as this skill is used every day in the management of staff. The other examples all involve skills or knowledge that are likely to be used less frequently. It is only by looking at the urgency and importance attached to a learning objective that each one can be prioritised and a date set to achieve the objective. It is always necessary to set a specific date when writing a SMART objective.

Having identified the urgency and importance of the task it is now necessary to identify appropriate activities to meet the learning needs. There are many different ways of meeting objectives. Ideally a wide variety of options are considered that take into account the individual preferred learning style and the resources available. In the initial stages it is useful to note the activities that are considered to be the most appropriate and then systematically look at the advantages and disadvantages of each method. This process may seem quite time consuming but ensures that the time and effort is invested in the most appropriate learning activities. An example of assessing different learning methods for meeting an objective is summarised in Table 1.1

By looking at the advantages and disadvantages we are in the position to make a professional judgement about the best course of action. Action is the next stage of the CPD cycle.

Action

This part of the CPD process is about implementing plans that have been selected during the planning stage.

Example 1.8 Extract from James Brown's CPD record

After speaking to my colleague about his system of managing staff working hours I can now use a piece of software to construct a working hours matrix that relates to skill level, volume of business and staff availability. My colleague has offered to look at the initial draft of my revised schedule of staffing before I implement it, which I hope to do in the next week.

The specific plans are carried out within the defined time limit and a summary is made of what has been achieved. Once the planned activity has taken place, it is time to move on to the evaluation stage.

Evaluation

At this stage of the CPD cycle, questions are being asked such as:

- has my learning objective been met?
- have I tested if what I have learnt can be applied to practice?
- am I now able to work differently?
- were there any problems with the reflection, planning or action parts of the CPD cycle? (For example was the learning need identified correctly and the objective specific enough?)

Example 1.9 Extract from James Brown's CPD record

My colleague thought my initial draft needed amending to take into account the need for more dispensary staff on a Saturday morning. I followed this suggestion and have introduced the new programme of working hours. Generally the new system has worked well and this has encouraged me to look more closely at staff working hours. However, I have found it difficult to introduce these changes as staff members seem very unwilling to change their hours and this has caused some ill feeling. Increased Saturday working has been particularly unpopular and I feel that I need further development of my management skills to be able to carry through this change successfully.

This is an example where the CPD cycle would be re-entered at reflection to pinpoint what particular management skills are needed to address this ongoing problem.

Unscheduled learning

Not all CPD falls into the neat cycle of reflection, planning, action and evaluation. In some cases the pharmacist may have a conversation with a colleague or attend a training event and learn something that could be applied specifically to their practice. The learning is unscheduled or opportunistic as it was not a planned piece of CPD.

This type of learning starts with action and moves on to the evaluation of what was learnt. In some cases this may be developed further by reflecting in more depth and moving on to the reflection stage of a new CPD cycle.

Example 1.10

James Brown reads an article in the *Pharmaceutical Journal* on the treatment of fungal nail infections and studies the additional advice that should be given to patients with a fungal nail infection to prevent recurrence. James notes the importance of this advice in achieving a successful long-term outcome for the patient. This prompts him to think about his knowledge and practice when giving additional advice for other fungal infections such as athlete's foot and vaginal candidiasis. James starts to develop a series of additional advice protocols for use within the pharmacy team when speaking to patients with fungal infections.

Plan and record

The pharmacist CPD record should comply with the good practice criteria published by the RPSGB. Good practice criteria and useful advice to support the pharmacist in recording their CPD are available on the RPSGB Plan and Record section of the CPD website.¹² Referring to these criteria can help to ensure that the CPD portfolio is balanced. It is important that a CPD record includes examples of learning that starts at action, and learning that starts at reflection.

The CPD portfolio can be documented either on paper and retained in a file, or recorded electronically by making a website entry. The format is the same in either case and copies of exemplar record sheets can be seen on the Plan and Record website. Electronic recording of CPD is the preferred option as there is easy access to additional information at the time of entering the online record. The web-based record is also more secure than a paper version which could be mislaid or destroyed.

Current guidance is that it should take approximately 30 minutes to record one CPD entry and approximately one entry should be made each month. The pharmacist may choose to engage in much more CPD than this, depending on their personal circumstances and development needs. The aim of CPD recording is to produce a portfolio of good-quality entries. The portfolio should reflect good practice criteria, using different learning activities, rather than a large collection of similar entries.

Once the initial hurdle of the first entry has been made and the user becomes familiar with the recording procedure, the process becomes more integrated into working practice. Ultimately the individual CPD programme is driven by and linked closely to individual personal development planning.

Personal development planning

CPD that is unplanned and spontaneous is unlikely to bring about the maximum return in terms of your investment of time and effort. A PDP is essentially a plan of action. The PDP provides the pharmacist with the opportunity to set personal targets and find the best way to achieve these targets. A well constructed PDP takes a more global view of where the pharmacist is heading and what they would like to achieve along the way. Different formats can be used for a PDP. The RPSGB has a pro forma that can be used and asks a series of questions to help establish CPD priorities. Alternatively, the pharmacist may prefer to use a different format or construct their own PDP. The following stages are required to produce a PDP.

A PDP is based on three questions:

- where am I now?
- where do I want to be?
- how can I get there?

Where am I now?

Asking this general question will lead to additional questions such as:

- what am I good at?
- what do I need to work on?
- what could help me overcome my weak areas?
- what could be a barrier to the change I need to make?

At this stage the lower edge of the development gap is being defined.

Where do I want to be?

This is a very personal question and there will be many variables to consider in formulating your answer. The questions listed below may help to answer the question. It will be necessary to ask many other questions to formulate an answer to this question. For example:

- what do I like doing?
- what is my motive for personal development?
- what is my ultimate personal/professional goal?
- how will I measure my success?

It may be easier to answer this question in stages by setting a series of goals to reach the final endpoint rather than one massive goal that seems unrealistic.

By answering this question the upper limit of the development gap is being defined.

How can I get there?

Having identified the development gap the next stage is to determine how your objective can be achieved. An effective PDP will consist of a number of manageable portions in order to achieve the overall aim. The plan for achieving a development goal will ideally consist of short-, medium- and long-term objectives. PDPs are not set in stone and need to be reviewed regularly. For example a PDP may include short-term goals to be reviewed in 3 months' time, medium-term goals to be reviewed in 6 months and a long-term goal to be reviewed after 2 years. Different time-frames need to be selected that will be suitable for both the individual and the organisation that the individual is associated with. When asking the question 'how can I get there?' it is important to be realistic about factors that will affect progress. Remember to factor social, domestic, monetary and organisational constraints into the objectives. Keep your objectives SMART.

Figure 1.3 provides a summary diagram of the basic structure of a PDP.

The PDP should not be set in stone but is a fluid and evolving document as individual circumstances and aspirations change.

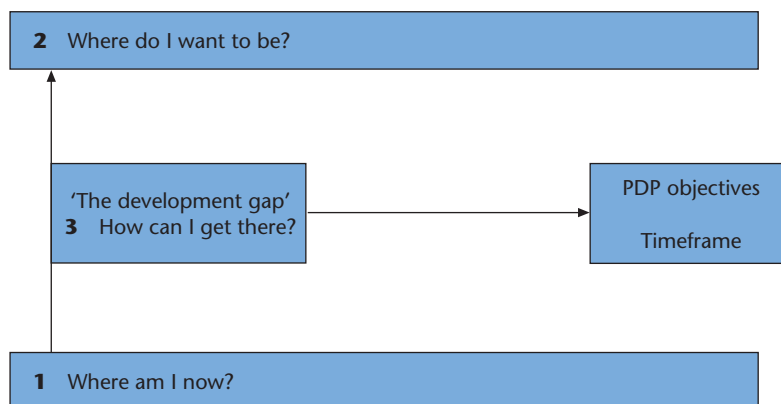


Figure 1.3 Constructing a personal development plan.

Example 1.11 Personal development plan

Anita Taylor qualified as a pharmacist 3 years ago. The first two years of practice she worked for a large multiple as a relief pharmacist. Anita then spent 6 months self-employed as a locum pharmacist before moving to her current position as the pharmacist-manager of a busy pharmacy that is part of a small multiple group.

Extracts from Anita Taylor's PDP planning notes

Where am I now?

Some recent workplace incidents that have added to my sense of job satisfaction:

- performed first MUR [medicines use review] on a patient and felt that it went well and felt comfortable in this role
- Recently tutored an enthusiastic summer vacation student and found that I really enjoyed discussing responding to symptoms and different over-the-counter (OTC) medicines that have recently been deregulated from POM [prescription only medicine] to P [pharmacy medicine]. I found it beneficial being able to discuss this in more detail and found that by having to explain this area it improved my own knowledge.

Learning needs that have arisen from these experiences

Although I found these experiences increased my sense of job satisfaction I wish my clinical knowledge was more up to date. The MUR patient asked some searching questions about their angina and I feel

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that it would be useful to update my clinical knowledge in this area. The informal tutoring of a vacation student was useful as I have not been involved in this type of work before. I feel that my tutoring and coaching skills could be improved as I would like to act as a preregistration tutor next year.

Workplace issues that will impact on my PDP

- There is a large amount of pressure to increase the amount of business with residential homes and there is the strong possibility that my store will be a centralised point for this business.
- The company is aiming to introduce a new PMR [patient medication record] system next year. The system will facilitate the recording of much more information and will enhance my clinical role further.
- I have seen a peripatetic pharmacist training position advertised that will involve delivering off the job training sessions for all levels of pharmacy staff. I would be very interested in this type of work.

Local issues that will impact on my PDP

The local PCO is trying to engage pharmacists in a new domiciliary visiting scheme and medicines management service with the elderly.

Where do I want to be? Career plans for the next 3–5 years

I would like to achieve the following:

- a clinical diploma qualification with an emphasis on community pharmacy and offering enhanced services
- be able to offer a medicines management service to care homes and develop expertise in this area
- tutor a preregistration graduate
- develop my tutoring and clinical skills
- be in a strong position to apply for a future pharmacist training role when this is advertised.

How do I get there? Personal development plan outline

Objectives – Year 1

(Review every 3 months. A PDP should have specific review dates so that the pharmacist can work towards achieving each specific goal.)

- Research suitable clinical diploma courses that have a community pharmacy bias. Look at flexibility of modules and types of assessment and possibility of funding from employer. Select a course that fulfils criteria and start the course at the next available opportunity.

continued overleaf

- Arrange meeting with manager to discuss personal development and express interest in training and future development opportunities. Offer willingness to work as a preregistration tutor for the next year.
- Arrange meeting with primary care pharmacist to discuss opportunities locally and offer to become involved in domiciliary visiting scheme.
- Undertake the necessary training to become accredited to offer medication management service to care homes. Undergo CPD activities to ensure that I am competent in this area.

Provisional objectives could be written for year 2 at this stage, or the objectives could be written later in the first year in line with how the PDP is evolving.

Top tips for producing a PDP

- *Think positive*: the production of a PDP should be an exciting prospect as it is all about what could be possible and achievable.
- *Think about the future*: the challenge is to stay current in our own field of expertise. To achieve this requires forward planning.
- *Find a mentor*: this person needs to be non-judgemental and willing to offer help by providing feedback, suggestions and a support framework. For the pharmacist that works alone a mentor is particularly important as it is often difficult to assess in isolation how your PDP is progressing.
- *Make full use of all resources available*: resources include the internet, increasing quantities of literature and training materials and the expertise of colleagues. All of these resources can input into a PDP.
- *Take a broad pragmatic approach when developing a PDP*.

The pharmacist with a PDP has a powerful tool to develop professional and personal expertise in a systematic way. Producing a PDP is a vital step in your professional life – a blueprint for the future that may change the course of your life journey.

Implications for practice

Activity 1

Carry out a review of your CPD entries over the past 6 months using the RPSGB pro forma (Personal Review of CPD Record, RPSGB website, Appendix 5).

- Do you see any patterns emerging in the way that you write your CPD entries?
- Is it clear what you have both learnt and applied over the past 6 months?
- Will this exercise make your next CPD entries different in any way?

Activity 2

Using a blank sheet of paper write a first draft of your own PDP for the next year using the questions: 'Where am I now?' 'Where do I want to be?' 'How do I get there?'

Multiple choice questions

Directions for questions 1 and 2: each of the questions or incomplete statements in this section is followed by five suggested answers. Select the best answer in each case.

- Q1** Which one of the following most closely matches the function of the Healthcare Commission?
- A** Setting National Service Frameworks
 - B** Setting clinical standards
 - C** Monitoring standards in the NHS
 - D** Monitoring participation in CPD for healthcare professionals
 - E** Improving patient and public involvement in healthcare
- Q2** Which of the following most clearly represents the CPD cycle?
- A** Evaluation, action, reflection, planning
 - B** Planning, reflection, evaluation, action
 - C** Action, planning, evaluation, reflection
 - D** Reflection, planning, action, evaluation
 - E** Reflection, action, evaluation, planning

Directions for questions 3 to 6: for each numbered question select the one lettered option above it which is most closely related to it. Within each group of questions each lettered option may be used once, more than once, or not at all.

Questions 3 and 4 refer to different stages of the CPD cycle.

- A** All stages of the CPD cycle
- B** Evaluation
- C** Action
- D** Planning
- E** Reflection

A pharmacist observes that there is a clinical article on the treatment of hypertension in the *Pharmaceutical Journal*. Select from A to E which one of the above fits the following statements.

- Q3** After reading the article and the suggested additional reading the pharmacist asks the question: 'Am I now able to work differently?'
- Q4** A pharmacist decides not to read the article as he already has the theoretical knowledge in this subject area but is looking for training to improve his practical skills in this area.

Questions 5 and 6 are about the following documentation:

- A** Bristol Royal Infirmary Inquiry (Kennedy report)¹
- B** *The NHS Plan*²
- C** *Pharmacy in the Future*¹³
- D** RPSGB Code of Ethics⁵
- E** RPSGB 'Plan and Record'¹²

Which of the following statements most closely matches the document?

- Q5** A requirement for all practising pharmacists to adopt CPD.
- Q6** A recommendation that all healthcare professionals should undergo appraisal, CPD and revalidation as part of their contract.

Directions for questions 7 and 8: each of the questions or incomplete statements in this section is followed by three responses. For each question ONE or MORE of the responses is (are) correct. Decide which of the responses is (are) correct. Then choose:

- A** if 1, 2 and 3 are correct
- B** if 1 and 2 only are correct
- C** if 2 and 3 only are correct
- D** if 1 only is correct
- E** if 3 only is correct

Directions summarised:

A: 1, 2, 3 B: 1, 2 only C: 2, 3 only D: 1 only E: 3 only

- Q7** This question is about continuing education (CE)
- 1** CE is often specific for individual pharmacists and their development needs.
- 2** CE often has a passive approach to learning.
- 3** CE assessment is often knowledge based.
- Q8** Which of the following are ways of reflecting on practice as a community pharmacist?
- 1** Critical incident analysis

- 2 Professional audit
- 3 Peer review

Directions for questions 9 and 10: The following questions consist of a statement in the left-hand column followed by a second statement in the right-hand column.

Decide whether the first statement is true or false.

Decide whether the second statement is true or false.

Then choose:

- A** if both statements are true and the second statement is a correct explanation of the first statement
- B** if both statements are true but the second statement is NOT a correct explanation of the first statement
- C** if the first statement is true but the second statement is false
- D** if the first statement is false but the second statement is true
- E** if both statements are false

Directions summarised:

- A:** True True second statement is a **correct explanation** of the first
- B:** True True second statement is **NOT a correct explanation** of the first
- C:** True False
- D:** False True
- E:** False False

Q9 As part of their CPD a newly registered pharmacist sets the following objective: 'To become accredited to offer a medicines use review service in the pharmacy using the CPPE online assessment within the next two months'.

- *Statement 1:* The objective is not specific and needs to be rewritten.
- *Statement 2:* The SMART acronym is a useful tool when setting objectives.

Q10

- *Statement 1:* When planning CPD it is necessary to list as many options as possible to fulfil a specific learning need and look at the advantages and disadvantages of each option.
- *Statement 2:* When planning CPD it is important that a wide variety of options are considered that take into account the individual learning style of the pharmacist and ensure that time is invested in the most appropriate learning.

Case studies

Level 1

John is a pharmacy undergraduate in year 2 of the MPharm degree course. He is fairly quiet and can sometimes appear aloof and reserved. He has enjoyed the pharmaceutical science modules but has found the pharmacy practice part of the course more challenging. John feels especially uncomfortable when working as part of a group or being asked to make a formal presentation to his colleagues. He has no previous experience of working in a pharmacy and tends to spend his holidays travelling and working part-time in an accounts office. He is very unsure about where to apply for his preregistration training but was quite interested in a presentation on hospital pharmacy recently held at the university. At a recent meeting with his tutor he was asked to write a brief statement for his personal development portfolio, including some personal objectives for the next year.

- Write four objectives for John to include in his portfolio that could be achievable over the next year.

Level 2

John is now a preregistration graduate working in a hospital pharmacy department. The preregistration year has been challenging and there have been times when he has found it difficult to work with some other members of staff, especially pharmacy technicians. The registration exam is now only 4 months away and he is working hard to ensure he has covered all the necessary parts of the exam syllabus. In his last appraisal meeting his tutor expressed the view that she had some concerns relating to his communication skills. He has decided that once registered he would like to work in community pharmacy. He does not wish to pursue a career in hospital pharmacy at this stage. He has recently seen a vacancy for a pharmacist-manager in his home town that would be ideal for his personal circumstances.

He has obtained the following information about the vacancy:

- town centre pharmacy, part of a small multiple and dispenses approximately 600 items per week. Pharmacy located on a busy road with inadequate space for parking
- main competition is a well-managed health centre pharmacy that is about 100 m away

- business has been managed by a series of locum pharmacists for over 9 months
- would consider newly qualified pharmacist and there is some induction training available
- staff team well established and reasonably motivated and includes a qualified pharmacy technician
- the owner is keen to develop the business further and to participate in the provision of new pharmacy services.

John decides to apply for the position. As part of the application process he is required to produce a short statement outlining his personal and professional development needs.

- Using SMART objectives outline a personal development plan for John *before* he starts work as a community pharmacist in his first pharmacy.

Level 3

John was offered the position and has been in post for 6 months. He has an informal meeting with his employer to discuss his work. His employer is pleased with how John has settled into the business and has noted the positive increase in prescription volume and turnover. He is keen for John to expand the business and to be able to offer a supply and advisory service to residential homes. John agrees to this in principle but needs to undertake some CPD in this area. Later that week John reflects on this area and starts to complete the RPSGB documentation for a new CPD cycle.

- Outline the *reflection* and *planning* sections of John's CPD entry.

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