

## Continuing Professional Development & Post Registration Education

### 1. Continuing Professional Development (CPD)

The Society's framework for CPD was developed and piloted with 500 pharmacists over a four-year period from 1998 to 2002. The Society staff were advised by an informal CPD advisory group composed of practitioners and educators. As the implementation of the CPD framework within the profession approached, the advisory group was replaced by a Council nominated CPD Implementation Committee which advised Council on the CPD regulatory framework which should accompany the roll out of CPD to the profession. The CPD Implementation Committee completed its work and was disbanded in 2004.

In March 2003, the proposals for the implementation of CPD were circulated within the profession for consultation. Over 8,000 responses were received and these were overwhelmingly in favour of splitting the register into practising and non-practising sections, the requirement for practising pharmacists to comply with the Society's CPD requirements and the obligation for non-practising pharmacists to declare that they would not engage in pharmacy practice or give professional advice. A significant number of respondents expressed concerns that the movement of pharmacists into patient care, from other sectors of practice or returning to practice after a break, should be regulated in some way e.g. with a return to practice requirement.

The roll out of CPD to all practising pharmacists in Great Britain and overseas was completed in early 2005. CPD materials are also supplied to technician members. Members can record their CPD on paper or electronically. A significant programme of support has been put in place to help members become familiar with recording CPD and to adjust to the continuing nature of CPD. This includes presentations by staff, members of Council and CPD supporters at many local Branches, Branch CPD facilitators presenting workshops based on the Society's CPD toolkit, over 650 CPD supporters around the country trained by the Society, CPD case studies and tutorials and individual CPD training sessions run for pharmacy organisations, including the pharmaceutical industry.

Practising pharmacists will be asked to send their CPD records into the Society for review. This process has been piloted with 300 volunteers, each of whom received an individual feedback report which compared their CPD entries with the good practice criteria published in the Plan and Record document. The responses of pharmacists to the feedback have been evaluated by research commissioned by the Society and the design and content of feedback reports will be revised and re-tested before formal CPD review begins.

The Society cannot access the CPD data which pharmacists record on the CPD website at the University of Bath. However, statistics on access by pharmacists and the creation

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of entries show that over 16,000 pharmacists have made at least one CPD entry. This is approaching 50% of the practising membership, especially when estimates of the numbers of pharmacists keeping paper CPD records or local electronic records are included. Evaluation of extended telephone support for the CPD website will be carried out at the end of 2005. Further support for pharmacists who have yet to start recording their CPD will be published in the first half of 2006.

### 2. Pharmacist Prescribing

Supplementary prescribing is the first form of advanced practice by pharmacists to be recognised and regulated by the Society. The major means of regulation is through approval of education and training programmes and annotation of the register entries of pharmacists who successfully complete the training. At present, 34 training programmes have been approved in Great Britain, plus one in Northern Ireland. Two applications are awaiting approval. A programme of review and re-approval of the first programmes to be approved will begin in 2006.

The Department of Health announced the introduction of independent prescribing in November 2005 and training programmes are likely to begin in late 2006. Independent prescribing includes prescribing from the full BNF for all conditions although pharmacists are likely to prescribe for patients with one or more defined conditions. They will, however, be able to prescribe for co-morbidities where this is within their professional competence e.g. common self-limiting or minor ailments. This will have significant implications for education and training *and* pharmacists' abilities to recognise the limits of their own professional competence.

### 3. Other forms of advanced practice

The introduction to this paper makes clear that pharmacy practice has advanced significantly since Pharmacy in A New Age (indeed since the publication of the Nuffield Report). While many pharmacists in the NHS are engaged in advanced forms of patient care, the Society has not had a role in the regulation of changing practice. The responsibility for ensuring that an individual pharmacist receives appropriate training and experience to be competent for an advanced role, e.g. in warfarin monitoring or critical care, rests with the employer.

Council agreed earlier this year that medication use review by pharmacists does not constitute advanced or specialist practice. Pharmacists who provide this service will be recognised by local primary care organisations who will be free to decide which training and assessments they will accept as evidence of competence to provide the service

The Department of Health has commissioned a project to scope the potential for services provided by *pharmacists with a special interest*. This project is not completed but practitioners with a special interest (PwSI) have been recognised in other health professions. As with medicines use review, PwSI have to complete a training programme defined by the employer or commissioner and demonstrate that they have

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an identified set of competencies. The competencies required for each service are currently agreed with the local consultant in the specialty. Thus, a consultant in Care for the Elderly would be involved in a programme to set the competencies required for a pharmacist who wished to be recognised as having a special interest in elderly care.

The practice of the employer/commissioner defining and developing specialist professional roles has become more common as the NHS in England attempts to address the workforce implications of the priorities identified in and through policy. The parenteral administration of influenza vaccine by community pharmacists is a recent example. Developing a definition or approach to advanced or specialist practice which recognises and evaluates the risk of pharmacy services to patients and then protects patients but is not unnecessarily restrictive on workforce development will need to be taken fully into account in any future decisions that the Society might take. Such decisions will have to be the subject of extensive consultation with stakeholders.

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