

# When the Call Came

I had been anticipating this for several months, but when the letter arrived at the beginning of February there was that moment of panic. Was this the moment to retire from the register! Along with other pharmacists in the south west of England, my CPD records had been called for review.

Like so many pharmacists, my CPD records were far from ready to submit. I had several boxes of CPD materials, certificates of attendance and notes made whilst in the pharmacy of CPD - related activities. I had some handwritten CPD entries on forms I had printed off the computer a few years ago and I even found a memory stick where I had downloaded some entries on the very first version of electronic CPD records which I had asked the IT department to set up on my computer.

## **But, where to start?**

Fortunately for me, since returning to the pharmaceutical industry in 1996 it was necessary to keep training records which had to be available for inspection during company, sponsor or Medicine and Healthcare products Regulatory Agency (MHRA)/ Food and Drug Administration (FDA) audits. Not only did I have a detailed list of dates of all industry-related training, but I had included all pharmacy -practice related professional development. This provided me with an ideal starting point especially as working across two sectors of the profession I wanted to select CPD activities from both.

Within days of receiving my letter, I had an email alert from my Local Practice Forum (LPF) offering support if necessary and providing links to information on the Royal Pharmaceutical Society (RPS) website. This was very useful and practical.

It took a couple of evenings to locate all the relevant material and then it was time to start writing up the entries. There was a choice of submitting paper or online records. I decided to go for the latter, but found it a very slow and laborious process. The earlier electronic and paper entries had to be revised or expanded, in order to use the preferred terminology. The database was not very user friendly, was slow and periodically dates I had entered



defaulted to the current date, so I had to keep checking this at every stage. I tried setting up folders to file the records by year, but if I mistakenly filed a record in the wrong folder there was no way I could move it. There was one day when for no apparent reason when I corrected text or a spelling all subsequent letters or text were deleted and I found myself having to retype whole sentences. I checked the settings on my computer which were fine so it must have been a setting on the database. By the next day however the problem had disappeared. The print was too small to read on screen which necessitated printing out every entry to proof read. I was ready to submit when I re-read the instructions and discovered that abbreviations/ acronyms were not to be used as the reviewers were not pharmacists; so I had to go back and define all abbreviations used in each entry. Granted I should define GCP or NAWP, but is it really necessary to write MUR and NMS in full?

I think it took me the best part of 3 days to complete all the entries. Submitting entries online however was simple, fast and I could access acknowledgement of receipt almost immediately. Within a week I was able to access the outcome online. This is in contrast to those who submitted paper copies where two or three months elapsed before they were provided with feedback.

Reflecting on the CPD process I have learnt that there is plenty of support provided by the RPS and LPFs, and when records are called by area, it is a topic of conversation and of mutual support between colleagues.

It is obviously much easier if you have written up your records as you go along, but even then I discovered that many felt revisions to the original entries were necessary before submission. If you submit paper copies, you need to request a special pack and follow the specific instructions carefully. At the time that the call went out in this area there was a contradiction, between the letter and the instructions within the pack, on the number of entries required, but I assume this has now been rectified.

I don't know if it was necessary but I felt that with each entry I had to relate it to either industry or community practice or both, which meant defining this each time in 'planning' and 'evaluation'. Being of the older generation, and having practiced for many years, automatically doing what we now call CPD without even thinking about it, I got exasperated with having to explain how I had implemented

learning into practice and how it would change my practice in future. I am afraid that my long-suffering husband bore the brunt of these outbursts. However, I can now understand the necessity for this as the General Pharmaceutical Council need to monitor compliance with CPD for the purposes of reporting statistics to higher authorities. I assume that this is achieved by ensuring all fields on the CPD form are completed. Are the entries checked for accuracy or relevance? – I don't know but I would like to think that at least a proportion are.

Submitting CPD records is not something to be dreaded, nor does it need the tears shed by a young pharmacy technician that I know. Times change.

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