IFF Research

GPhC Review of Continuing Professional Development

Prepared for General Pharmaceutical Council
By IFF Research

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IFF Research

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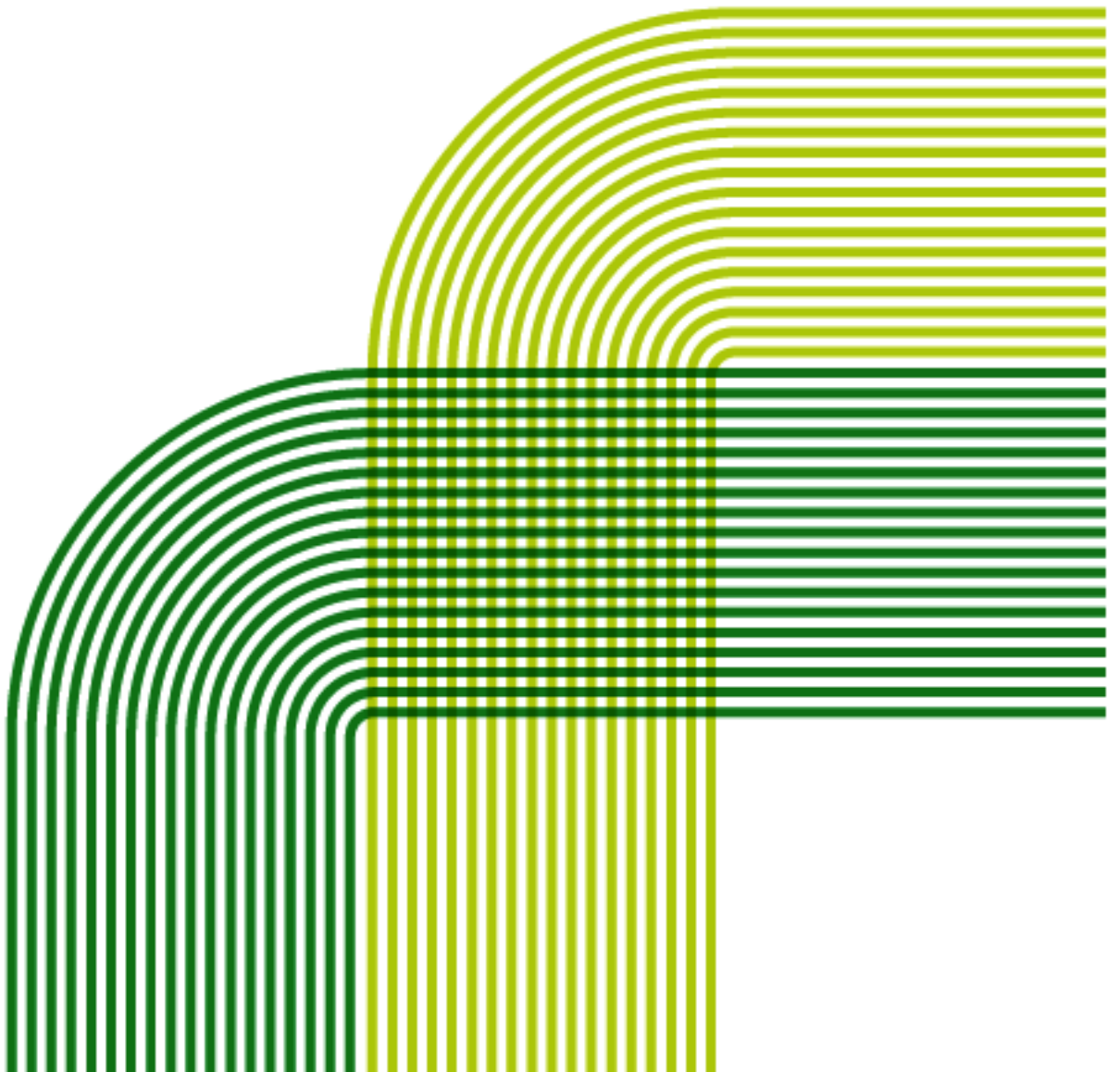IFF Research Ltd
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1.1   Since its formation in 2010, the General Pharmaceutical Council (GPhC) has shared responsibility for the continuing professional development (CPD) of its registrants with the registrants themselves – pharmacists and pharmacy technicians.

1.2   Over the course of a five year cycle, GPhC checks to make sure that every eligible registrant is meeting these standards through an audit process. This cycle is completed in 2015.

1.3   The GPhC commissioned this review as part of its development of a "Continuing Fitness to Practice Framework". The study analyses data on the CPD undertaken to date and gathers qualitative feedback from those involved in the process in order to improve it in the future.

General perceptions of GPhC

1.4   Generally, registrants' impressions of GPhC are neutral or largely favourable as they tend to have limited interaction with / knowledge of GPhC. CPD assessors (who tend to know more about GPhC because they are employed by them) do not cite any issues with GPhC and generally have a favourable impression of them as a result.

To what extent is the current approach to CPD valued by GPhC's stakeholders?

1.5   Registrants tend to value doing CPD activities more than they value the process of having to record their activity.

1.6   Most registrants find the actual process of having their records reviewed by an assessor as being straightforward but many do not value the feedback that they receive following their review.

1.7   Some stakeholders (registrants and assessors alike) feel that more frequent reviews would improve the value of the process by encouraging *continuing* development.

How well do GPhC's requirements support registrants to reflect on and make improvements to their practice?

1.8   Registrants and CPD Assessors have mixed views in terms of how useful they perceive the CPD documentation process to be in encouraging them to genuinely reflect on improving their professional practice. Many feel that the documentation process is a tick-box exercise that has little or minor impact on the way they practice. Further, they feel that the structure of the documentation process and the lack of feedback given after the 'call and review' process mean records do not *have* to contain any evidence of reflection in order to pass a review. As a result, many assessors feel that the capacity of the current system to encourage registrants to reflect on and make improvements to their practice varies according to the attitude of the registrant.

Which elements of the current approach are considered valuable by GPhC's stakeholders and should be maintained?

1.9   Pharmacists and pharmacy technicians feel the current CPD documentation system works well and are particularly positive about being able to record their CPD activities online. The majority find the CPD documentation forms easy to complete; this was particularly the case for 'Action' and 'Evaluation' entries.

1.10 Currently most pharmacists and pharmacy technicians find the review process relatively straightforward. There were, however, mixed views as to whether the feedback received from the GPhC was useful or not.

1.11 Most CPD assessors feel that the current review process is successful but that there is some room for improvement. On the whole, CPD assessors find the online interface they use to review records useful and easy to use.

What needs to change to make the new approach to CPD more valuable to the same stakeholders?

1.12 On the whole, pharmacists and pharmacy technicians are satisfied with the CPD activities that are on offer to them. Some of the registrants requested a greater variety of CPD activities, an increase in the number of interactive sessions and greater direction from GPhC on what to learn.

1.13 Overall registrants and CPD assessors were positive about the online portals they used, some specific improvements were recommended to aid completion of the documentation and improve functionality. Registrants were most likely to report experiencing difficulties with CPD entries starting at 'Reflection' or 'Planning'.

1.14 The most common feedback provided on the review process was that registrants and CPD assessors would like more frequent reviews and for the feedback provided to be more individualised and varied.

1.15 Both registrants and CPD assessors were unsure how the information GPhC collect was used and asked for greater transparency in what is done with the information collected.

1.16 There was some appetite amongst CPD assessors for some form of peer review of the current CPD requirements and process. Peer review / talking to colleagues was commonly cited by registrants as a method they use to identify a learning need.

Conclusions

1.17 On the whole, registrants and CPD assessors are positive about the current CPD process but feel that it could do more to help with their development. They both suggest a number of amendments to the current CPD approach to get more value out of the CPD assessment.

1.18 Registrants and CPD assessors were positive about the online portal they accessed for completing their CPD / reviewing CPD records. Registrants recommended the inclusion of a spell checker, reducing the repetition of questions, the introduction of example 'good' and 'bad' records and a clearer indication of how much information is required. Whilst CPD assessors called for improved compatibility with devices such as tablets and to make the online software faster.

1.19 The majority of pharmacists and pharmacy technicians are satisfied with CPD activities. There were some requests for a greater variety of CPD activities, an increase in the number of interactive sessions on offer and greater direction from GPhC on what to learn.

1.20 Registrants and CPD assessors main feedback on the audit process 'call and review' was that they would like more frequent reviews and for the feedback provided to be more individualised and varied.

1.21 One way to approach future audits would be to sample the register on a random basis – this would ensure that selection is not predictable in any way. In terms of the number of registrants to be sampled for review each year, it would need to be sufficiently large to be representative, but it also needs to be large enough to present a "risk" to registrants if they do not keep up to date, and be balanced with cost

and efficiency. This "risk" is also dependent on the time available to complete their records, and the consequences if they are late and / or inadequate.

1.22 Both registrants and CPD assessors were unsure how the information gathered was used and asked for greater transparency in what is done with the information collected. A number of registrants and assessors stated that they would like to have more interaction and engagement with GPhC.

2 Introduction

Background to the research

2.1 Since its formation in 2010, the GPhC has shared responsibility for the continuing professional development (CPD) of its registrants with the registrants themselves – pharmacists and pharmacy technicians. Registrants are legally required to undertake CPD activities to maintain their registration, while GPhC is legally required to ensure that these activities are undertaken and comply with a set of agreed standards.

2.2 Over the course of a five year cycle, GPhC checks to make sure that every eligible registrant is meeting these standards through an audit process. This cycle is completed in 2015.

2.3 As part of its development of a "Continuing Fitness to Practice Framework", GPhC commissioned this review. The study analyses data on the CPD undertaken to date and gathers qualitative feedback from those involved in the process in order to improve it in the future.

Research objectives

2.4 The key objective of this report is to provide evidence-based recommendations for improvements to GPhC's CPD requirements in the context of its plans to incorporate revised CPD requirements into its "Continuing Fitness to Practise Framework". It seeks to answer the following questions:

- How well do GPhC's CPD requirements support registrants to reflect on and make improvements to their practice?

- To what extent is the current approach to CPD requirements valued by GPhC's stakeholders?

- Which parts of the current approach are considered valuable by GPhC's stakeholders and which should be maintained?

- What needs to change to make the new approach to CPD more valuable to the same stakeholders?

Research methodology and sample

Qualitative interviews

2.5 A total of 30 qualitative interviews (ten with pharmacists, ten with pharmacy technicians and ten with CPD assessors) were conducted in order to get a deeper understanding of how the CPD works in practice and how this might be improved going forward when developing the new CPD framework.

2.6 Interviews were conducted between 2 March and 1 April 2015: 25 interviews were completed on the telephone, with the remaining 5 completed face-to-face.

2.7 Interviews were conducted with a range of registrants in terms of their role, employment setting, length of time employed in the industry and length of registration.

Review of CPD records

2.8 To complement the qualitative interviews, a review of registrants' records was conducted concurrently with the qualitative interviewing.

2.9 In all, 200 registrants' records were reviewed (1,000 individual activity records). This ensured that a range of records were reviewed in terms of registrant profile (i.e. type of registrant, length of

registration and the size and type of establishment at which they are employed). Records reviewed by registrant type were as follows:

- 125 pharmacists' records;
- 71 pharmacy technicians' records; and
- 4 pre-registration trainee records.

2.10 As well as ensuring a range of types of CPD activities were reviewed, a review of this size allowed analysis to be conducted by CPD record 'entry point'. The current CPD documentation process ('Plan and Record') is based on the CPD cycle of Reflection, Planning, Action and Evaluation. When a registrant records their CPD activities they are expected to identify the stages of this cycle that are involved and to structure their entries accordingly. As such, when registrants document their CPD activities they can start the process from one of four 'entry points': Reflection, Planning, Action and Evaluation. The 'entry point' at which a registrant chooses to start the documentation process dictates the questions that they have to answer (as they are tailored to that specific stage of the CPD cycle). A review of 1,000 individual activity records allowed each 'entry point' to be scrutinised. The 1,000 records reviewed were purposively sampled to provide a split by 'entry point' as follows:

- 549 records reviewed started at 'Reflection';
- 104 records reviewed started at 'Planning';
- 316 records reviewed started at 'Action'; and
- 31 records reviewed started at 'Evaluation'.

2.11 Each registrant has between 9 and 45 records of individual CPD activities (depending on how long they have been registered) and the average number of CPD records for the registrants reviewed was 33. In order to get an accurate picture of how registrants complete the documentation process, 5 records were reviewed for each registrant. The types of records that were reviewed were purposely chosen to be representative of the registrant's total number of records. For example, if one registrant had a total of 45 records consisting of 27 Reflection records and 18 Action records, 3 Reflection and 2 Action records would have been reviewed in order to reflect the way the registrant had filled in their CPD.

2.12 This approach to sampling, which was agreed with GPhC, was designed to explore how a range of registrants complete the CPD documentation process. Each individual CPD activity record that was reviewed was given a score of 1 to 3 on each question that it addressed. Answers that were deemed to have minimal detail were given a score of 1, answers that were deemed to mixed / patchy details were given a score of 2 and those which were deemed to be very detailed and suggestive of genuine reflection were given a score of 3. Although we report on "numbers", it should be acknowledged that the scores given as part of the review are a qualitative assessment of the record and are therefore subject to personal interpretation.

3   General perceptions of GPhC

3.1   This section of the report examines registrants' and assessors' general perceptions of the GPhC. The views expressed in this section provide a useful frame of reference through which to assess registrants' and assessors' experiences of (and views on) the CPD process.

3.2   Pharmacists and pharmacy technicians tend to have minimal interaction with the GPhC. Registrants' knowledge of GPhC is fairly limited. Many registrants only deal with GPhC when renewing their registration or as part of the CPD process:

> *I've had a letter from them asking for my CPD, I've submitted it and I've got feedback from them. That's probably the level of communication I've had from them in the last five years.*
>
> **Pharmacist**

3.3   As a result, registrants' impressions of GPhC are either neutral or 'mainly favourable'. None of the registrants interviewed have any issues with GPhC, and a few are confident that they could go to GPhC for advice if they were to encounter any issues at work.

> *It's somewhere in the middle, not unfavourable because I've not had many dealings with them, nothing strongly either way.*
>
> **Pharmacist**

> *I think it's mainly favourable, I think if you have a problem, which we haven't, you can get in touch with them and be advised about which route to take.*
>
> **Pharmacy technician**

3.4   Similarly, assessors (who tend to know more about GPhC because they are employed by them) do not cite any issues with GPhC and generally have a favourable impression of them as a result:

> *I have a favourable impression of them. The dealings I have with them are always straightforward. Their role is very clear and what they do and what they don't do is very clear, so I just think you know where you are with them really.*
>
> **CPD Assessor**

> *Favourable, I've got no problems there, because I've had no dealings that would persuade me otherwise really, they've always been very helpful if you've got a query they're always there for you.*
>
> **CPD Assessor**

4 To what extent is the current approach to CPD valued by GPhC's stakeholders?

4.1 This section of the report explores the extent to which the current CPD requirements are valued by the GPhC's stakeholders. Looking at each aspect of the current process, it examines stakeholders' views on the CPD activities they undertake, how they record them and how they are audited.

CPD activities

4.2 Registrants undertake a wide range of CPD activities. For most, a large proportion of this activity is reading articles / literature, while other types of CPD activity undertaken include:

- Attending seminars / conferences / talks;
- Doing CPD distance learning; and
- Attending training courses / workshops.

4.3 Generally, registrants think that interactive CPD activities like seminars or training courses are more useful. A number of registrants, however, feel that these types of CPD activities are not always easily accessible:

> *The activities are useful. The last [training organisation] event I went to was particularly useful. It was a meeting of hospital and community pharmacists and it was really useful because it allowed us to exchange views.*
>
> **Pharmacist**

> *They have events that you can attend but because I get home from work at 8 in the evening I find it difficult to go to these training sessions, so I have to just do e-learnings or look things up on the internet.*
>
> **Pharmacy technician**

4.4 To some extent, the record review reinforces the view that interactive activities are most useful as they are commonly cited as factors that help registrants to identify which CPD activities to undertake. Registrants who record a CPD activity starting from 'Reflection' are asked how they came to identify the CPD activity as being something they wanted to do. Registrants most commonly started a CPD activity due to personal interest (cited in 63% of the 549 records reviewed that answered this question), following a peer review / discussion with colleagues (56%), by reading articles / journals (36%) or due to feedback from users of services / products (25%).

4.5 The CPD activities that registrants undertake are typically a mixture of formal and informal activity. The latter accounts for a large proportion of most registrants' activity, as they undertake CPD activities everyday as part of their role:

> *Every day is a CPD day in the pharmacy so 90% of CPD activities are done on the job as part of my role... every time I get a phone call from a patient that's a CPD moment.*
>
> **Pharmacy technician**

4.6 Registrants are generally positive about CPD activities, and they are seen as useful with many thinking that current CPD requirements benefit them.

4.7 The record review corroborates this finding. Registrants who record a CPD activity starting from 'Reflection' or 'Planning' are asked whether they learnt what they set out to learn by undertaking a CPD activity. In the majority of cases, registrants reported that they learnt what they originally set out to (93% of the 653 records reviewed that answered this question) and six per cent stated that they partly learnt what they want to. Registrants rarely stated that they did not learn what they set out to (this was the case for just 2 out of the 653 records that answered this question).

4.8 Registrants cited a number of ways in which current CPD activities could be improved to make the process more beneficial for them. This is discussed in further detail in Chapter 7.

4.9 Most registrants feel that the current level and amount of activity required is appropriate as it allows them to keep up-to-date. A number of registrants think that they would struggle to complete a higher amount of activity due to work and family commitments.

4.10 For the CPD record review the average number of CPD records was 33. The number of CPD records for the 200 registrants ranged from 6 to 93 CPD records. The number tended to correlate with the amount of time the registrant had been registered with the GPhC.

CPD documentation process ('plan and record')

4.11 The overriding view is that the current amount of time required to complete CPD records is manageable. Registrants feel that they would struggle if they had to devote more time to recording CPD.

4.12 Registrants complete their CPD records with varying frequencies, ranging from a monthly basis to all in one sitting. The time it takes to complete a record varies considerably by registrant and by record type.

4.13 This appears to be reflected in the record review which shows that some registrants' records are very detailed and others' very brief. Furthermore, individual registrants often filled their records in to varying details depending on the type of activity undertaken.

4.14 Most individual registrants say that their completion of CPD records can be erratic due to their varying workloads. Due to this, some feel it can be difficult to find time to complete CPD records. Indeed some of those who tend to complete their records in one sitting cite this as the reason for doing so. Others only record their CPD activities when they are called to review due to other priorities.

> *Is there any reason why I don't do it more frequently? I suppose it is human nature. Unless it's something you've got to address soon then you don't - there are other priorities out there.*
>
> **Pharmacist**

4.15 A few registrants who fill their records in at once feel that more frequent reviews would reduce the time it takes to complete their records and that this would be more suited to the objectives of the CPD process.

4.16 Registrants generally find the CPD documentation process easy to do and they feel it becomes easier the more they use it. Furthermore, almost all of the registrants think that the CPD form itself is easy to use. A few registrants even suggest it is too easy to complete.

> *Just make sure there's something in every box. As long as it's not ridiculous, it'll make it through.*
>
> **Pharmacist**

CPD audit process ('call and review')

4.17 Most registrants find the actual process of having their records reviewed by an assessor as being '*straightforward*' and '*painless*'.

4.18 However, a few registrants were particularly negative about the fact that registrants are only called to review every 5 years. They feel that it undermines a process that is designed to support continual development.

> *I think the every five years thing is idiocy… the whole purpose of this is to encourage professionals to continually develop themselves and I don't think the way it is at the moment is encouraging people to do that, it's encouraging entirely the wrong behaviour.*
>
> **Pharmacist**

4.19 The majority of assessors feel that the 45 minute limit on reviewing records is about right. The time it takes to review a record depends on the assessor and how detailed the record is. The average amount of time is takes them to review a record ranges between 20 and 40 minutes.

> *I think my average time at the moment is something like 40 minutes so, I think the 45 minutes is fine. Sometimes it's very hard because some people write very short articles and some people read a whole chapter and they've copy and pasted the whole chapter in… but on the whole I'd say it is fine.*
>
> **CPD Assessor**

4.20 The CPD record review demonstrates that the amount of detail recorded for each record varies considerably from registrant to registrant, and individual registrant's records can also vary considerably. This supports the finding that the time it takes to review a record can vary considerably.

4.21 The feedback that registrants receive as part of the process divides opinion. On the one hand, some registrants are happy with the feedback they have received:

> *It does take a while but I think that is very useful. It is good because they tell you if something is bad and then tell you what bits that you need to concentrate on. It would be nice to talk to them directly – but I'm not sure how easy that would be.*
>
> **Pharmacy technician**

4.22 Many, however, feel that the feedback was not helpful because of the lack of detail that it contains. This is discussed in more detail in Chapter 7.

The process as a whole

4.23 Assessors have mixed views as to whether registrants are engaged with the current CPD process. They stress that it varies according to the attitude of the individual but most believe that the majority of registrants are engaged. Some assessors felt that they were not in a position to measure registrants' engagement and a few felt that issues already discussed (e.g. time involved to complete CPD entries,

frequency of being called to review, feelings towards the feedback received following audit) mean that registrants are not as engaged as they could be.

4.24 The record review supports this perspective. It is difficult to truly gauge how engaged registrants are with the CPD activities and what they have gained from doing them. It only offers an insight into how engaged they are with the process of recording their activity.

4.25 Assessors express similar views when asked whether they think registrants value the current CPD process as a whole. Some believe that registrants value doing the activities, but attach less value to recording them.

> *That's a difficult question because there are different meanings for CPD. If you mean recording CPD then not very much. If you mean actually doing it so going out and carrying out some activities that lead to development, I think they value it very much.*
>
> **CPD Assessor**

> *Barring the fact that they need to do it to stay on the register, in that respect it certainly is valued; if it's valued as a true professional development tool I have my doubts.*
>
> **CPD Assessor**

4.26 As discussed, some assessors think the CPD process is of value when it encourages registrants to reflect on and demonstrate what they have learned. The extent to which the current requirements do this is discussed in further detail in Chapter 5.

5 How well do GPhC's requirements support registrants to reflect on and make improvements to their practice?

5.1 This section of the report explores registrants' and assessors' views on the current CPD model and its perceived usefulness in terms of helping registrants to make improvements to their practice.

The CPD documentation process ('plan and record')

5.2 Registrants have mixed views in terms of how useful they perceive the CPD documentation process to be in encouraging them to genuinely reflect on improving their professional practice.

5.3 Some registrants say the documentation process helps them to identify gaps in their existing knowledge, and a few think it encourages them to find out more about specific topics.

> *It's helped me with gaps in my knowledge – definitely. Once I start writing about something that I have done, it makes me think about other activities I should do.*
>
> **Pharmacy technician**

5.4 Many other registrants feel that the documentation process is not useful as it has no impact on their professional development.

> *I do feel it's a tick box exercise. I do it because I have to do it, I don't do it because I enjoy doing it or I think it's going to make me a better pharmacy technician, I do it because I'm asked to do it as part of my registration.*
>
> **Pharmacy technician**

5.5 A number of registrants (both those who think the documentation process is useful and those who do not) value doing the CPD activities but feel that they would be doing them anyway – regardless of the documentation process.

> *Two answers there, the actual activity of doing it: very useful, the forms themselves not at all.*
>
> **Pharmacist**

5.6 Assessors have similarly mixed views. Some think that the current documentation process can encourage registrants to reflect on and improve their practice, as it provides a good reference tool:

> *I think it's excellent, if they've attended any training they think about it when they come back, if they've learned something new which they didn't expect to then that can be part of their recording process. I suppose it keeps their development in their mind regularly.*
>
> **CPD Assessor**

5.7 Others cite a number of reasons as to why they feel the current CPD process does not necessarily support registrants to reflect on and make improvements to their practice. They feel the structure of the documentation process and the lack of feedback given after the 'call and review' process mean records do not *have* to contain any evidence of reflection in order to pass a review:

> *There's not a lot of support from the GPHC. I think that's another reason why a lot of registrants don't write their CPD correctly or they skim over because they don't really know what's expected of them. A lot of these people are highly intelligent people who know a lot about a lot of things and are very clever, but they don't know how to use the system properly.*
>
> **CPD Assessor**

> *It is possible to pass a GPhC record without a great deal of reflection, just because of the way it's put together and assessed really.*
>
> **CPD Assessor**

5.8   As a result, many assessors feel that the capacity of the current system to encourage registrants to reflect on and make improvements to their practice varies according to the attitude of the registrant.

> *I do think there are people that do find it a very useful tool. But I think a lot of people see it as a very tick box activity, and I think that's the contrast in the records. You can absolutely see the people who understand the process and are using it properly and those people who are basically 'I have to do this to stay on the register...I'm writing it because I have to' as opposed to I'm writing it to use it.*
>
> **CPD Assessor**

5.9   The record review supports this view, with some of the registrants reviewed appearing to genuinely reflect on gaps in their existing knowledge to make improvements, whereas others do not. A fifth (21%) of the 1,000 records that were reviewed were given a score of 3 as they were judged to show detailed evidence that suggested genuine reflection. However, this was not evident in the majority of records (79%): 73% were given a score of 2 as they contained some but mixed / patchy detail and six per cent were given a score of 1 as they contained minimal detail.

5.10   Registrants who start recording their CPD activities at 'Reflection' or 'Planning' are asked what they have learned as part of their CPD activity is important to themselves and their practice. 31% (of the 653 records reviewed that addressed this question) contained a detailed response which was suggestive of general reflection, 57% contained answers with some detail and 16% provided minimal detail.

5.11   Over a quarter (27%) of the 549 'Reflection' records reviewed were given a score of 3 for the answers to the question "what have you learnt?". Three-fifths (60%) of these records were given a score of 2 and 13% were given a score of 3.

5.12   Analysis of these specific questions reinforces the views expressed in the qualitative interviews – the extent to which the current system encourages registrants to reflect on and make improvements to their practice varies according the attitude of the registrant. Further, the fact that the proportion of records that scored 1 for this question was relatively high (twice the six per cent given an overall summary score of 1) supports the view that records do not *have* to contain any evidence of reflection in order to pass a review and that this aspect of the current CPD process should be improved.

5.13   Some registrants feel that the process of doing (and recording) their CPD activities can prompt them to take further action.

> *Sometimes yes. If I feel that what I have chosen to learn is not sufficient from the activities I have chosen then I will start a new CPD. There was one about immunotoxins I felt that I didn't learn enough from the first thing so I*

> *decided to read up on it further. A patient required it on the ward so I started a CPD but then when I read more into it there was other stuff.*
>
> **Pharmacist**

5.14   On the other hand, most registrants are not prompted into undertaking further action after completing the CPD documentation process. However, some of these registrants do feel that the 'plan and record' process does act as a useful tool that they can continually refer to:

> *Generally not but I find it useful to go back and refer to – if I know I've done something but can't remember how to do it.*
>
> **Pharmacy technician**

5.15   The record review supports these findings. Registrants who start recording their CPD activities at 'Action' or 'Evaluation' are asked what they intend to do as a result of completing their CPD record. In the majority of cases (90% of the 344 records reviewed that answered this question), registrants stated 'nothing – I've learnt enough for what I need' (that the activity did not prompt them to take further action). Only a minority (5%) stated that the activity prompted them to start a new cycle (take further action).

The CPD process as a whole

5.16   Some respondents think that the CPD process as a whole does support them to make improvements to their knowledge and professional practice.

> *You're learning on the job all the time and it makes you stop, record, reflect and you do improve your practice by that.*
>
> **Pharmacist**

> *It's good because it does improve your knowledge in general... the most important thing is that the patient gets the right knowledge – this process helps with that 100%, no doubt about it.*
>
> **Pharmacy technician**

5.17   Most, however, think the CPD requirements do not support them in this respect – many feel that they are doing CPD activities regardless and that the development of knowledge is not reflected in the CPD process itself.

> *I'm doing what I'm doing as part of my job anyway even without doing CPD, it's just basically recording what I'm doing anyway.*
>
> **Pharmacist**

> *Generally speaking I don't think it reflects what is happening in practice. From talking to colleagues. It doesn't necessarily reflect the knowledge or reflect the practice… it just reflects the documentation we fill in and submit.*
>
> **Pharmacist**

5.18   A number of registrants think the 'tick-box' nature of the 'plan and record' process and the requirements needed to pass the 'call and review' are removed from professional practice.

> *I don't think it does at all. I think it offers a system to record CPD but it's just a mechanistic process – you can put virtually anything down and you'll meet*

the requirements. It's disassociated from the actual needs of the individual and the organisation.

Pharmacist

5.19 Many assessors express similar opinions. As discussed above, they feel the limitations of the current system mean that it largely depends on the attitude of the individual.

I think it's perfectly possible to fill in the form in a mechanical way without doing a great deal of thinking and still write sufficient that you get the ticks. I do see entries where I think that is what's gone on. But other people do seem to put a considerable amount of thought into it.

CPD Assessor

5.20 Some registrants feel that the current CPD process benefits service users as it helps to ensure that they are receiving the correct advice and guidance (this is discussed further in Chapter 7). Assessors, on the other hand, generally feel that the current CPD process has no relationship with patient safety. They feel that it is a paper-based exercise which does not necessarily reflect actual practice. Assessors state that they cannot check the content of the forms they review and some assessors are not pharmacists, so they do not have the knowledge needed to do so.

I would say probably not at all really… this is only a paper based exercise and we don't see people in practice and what they are actually doing, so you could have somebody who has excellent CPD but could be doing something unsafe in the pharmacy.

CPD Assessor

5.21 Assessors feel that the current CPD process could be built-upon and improved to make it more effective in terms of supporting registrants to make improvements to their practice. Some assessors think that more support for registrants could help with this. They feel that the GPhC could provide more information about what they are required to do and why.

I think useful hints and tips of how using CPD has worked would be useful, you know the GPhC 'Regulate' bulletin that they don't send out anymore[1], if they had a section in there where you put things like one registrant said she actually records what she's learned so she can refer back to it later. Sharing where people have found doing CPD beneficial and selling the positives of it that might help.

CPD Assessor

5.22 Other assessors think that CPD requirements need to be made more relevant to the registrants' practices. Mirroring the views expressed by some registrants that are covered in section 4, a few suggested that the process should involve more interaction with peers and colleagues.

I think a lot of it is making it relevant to their actual role. So community pharmacies for example, if they are providing services and they have to meet the service specifications then there are certain pieces of learning that they need to do… at the moment they can pluck things out of the air. They think *"I need a CPD entry - I'll do it on whatever I fancy".*

CPD Assessor

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[1] This is now continuously available online with new articles added weekly

I think feedback from their managers and from appraisal processes or group discussions about a particular topics - that would give them chance to reflect on their experience as a group rather than individually and I think that always prompts you to think about the way you do things yourself.

CPD Assessor

6 Which elements of the current approach are considered valuable by GPhC's stakeholders and should be maintained?

6.1 This section discusses which elements of the current approach to CPD were viewed positively by respondents. It provides detail of the elements they consider valuable and feel should be maintained.

CPD documentation process: 'Plan and record'

6.2 From a process point of view, pharmacists and pharmacy technicians feel the current CPD documentation system works well. Some commented that they had found it difficult at the beginning but that once they got used to completing the documentation it had become easier.

> *It's fine. I didn't understand it when I first started doing it, but once I'd done a couple it was fine.*
>
> **Pharmacy Technician**

6.3 The CPD record review appears to reinforce this. At an overall summary level, the vast majority (94%) of the 1,000 CPD records that were reviewed were given a value of '2' ('Some detail (mixed, patchy)') or '3' (('Fully detailed (genuine reflection)'). Only six per cent of the CPD records reviewed were given an overall summary value of '1' ('Minimal (i.e. box ticking)').

6.4 All pharmacists and pharmacy technicians are positive about the fact that they can record their CPD activities online and feel that this part of the CPD process should be maintained. They like the functionality of the online portal and that it saved their work as they progress through the form.

> *It's nice how it's electronic and it saves it all for you and it's all there.*
>
> **Pharmacist**

6.5 Some registrants' commented how they like having a record of their CPD activity as a result of completing the CPD documentation process.

> *It creates a historical record. It has structure to it. It enables me to approach CPD recording in a fairly standard way.*
>
> **Pharmacist**

6.6 In terms of completing the CPD forms themselves, most find these easy to complete. Overall pharmacists and pharmacy technicians tend to mention finding the 'Action' and 'Evaluation' forms easiest to complete. As well as the comments surrounding ease, there were also a number of positive comments about the usefulness of completing the CPD documentation forms. Registrants made comments surrounding the usefulness of CPD records starting across all entry points.

> *Probably the 'Evaluation'* [is most useful] *because it makes you think about what you've done.*
>
> **Pharmacist**

> *The Planning section is most useful because it helps you decide what activities you are going to carry out to achieve your objective.*
>
> **Pharmacist**

6.7 One CPD assessor commented in particular about how well they feel the 'Evaluation' CPD records work.

> *The working well one is always the Evaluation at the end of it, so they can look back and they can see how they're actually going to apply their knowledge, because obviously anybody can go off and read a book or article, but it's about whether it's relevant to their practice and whether they're going to benefit from doing their training.*
>
> **CPD Assessor**

6.8 These findings are supported by the record review of 1,000 CPD records. CPD record entries starting at 'Action' and 'Evaluation' were more likely to be given an overall summary score of 3 ('Fully detailed (genuine reflection)') than those that begin at 'Reflection' or 'Planning'.[2] This is discussed further in Chapter 7.

6.9 Only a handful of the pharmacists and pharmacy technicians interviewed had referred to the guidance documentation created by the GPhC to aid completion of CPD records / forms. The majority that had referred to the guidance had found it to be useful.

> *Very much so. It gave me an indication of what they were looking for.*
>
> **Pharmacy Technician**

6.10 In addition to the formal guidance documentation, one registrant mentioned finding the 'information button' on the CPD documentation forms very useful when completing their CPD records. They liked being able to easily access the necessary information when unsure on what was being asked.

The audit process: 'Call and review'

6.11 Pharmacists and pharmacy technicians were asked how they find the process of their CPD records being reviewed by a CPD assessor. Overall, most find the current review process relatively straightforward.

> *Painless. It was fine. I submitted them and got them back around a month later.*
>
> **Pharmacist**

6.12 There were mixed views as to whether the feedback received from the GPhC following 'Call and Review' was useful. Those registrants who were positive about the feedback received feel it helped them identify gaps in their own knowledge.

> *I got good feedback so it was obviously useful because it was telling me I was doing the right thing*
>
> **Pharmacist**

> *I think it is very useful yes because they are to the point – they are not very harsh; they tell you where you are going wrong and where you are going right.*
>
> **Pharmacy Technician**

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[2] Please note the low base size for 'evaluation' CPD records, only 31 were reviewed in total.

6.13 A few registrants commented that receiving the feedback and knowing they were doing the right thing boosted their confidence in their own abilities and professional practice.

> *Yes, because I got 98% I was quite impressed. It bumped you up a bit. It made you feel that you were doing it right and that you did have enough information in there. It was good for your confidence.*
>
> **Pharmacy Technician**

6.14 Most CPD assessors feel that the current review process is successful but also feel there is some room for improvement going forward (see chapter 7 for more detail).

6.15 There were some comments from CPD assessors reflecting that the current process was both economically and time efficient.

> *I think it's the best way you can economically filter the quality of nationwide professional CPD submissions*
>
> **CPD Assessor**

6.16 One CPD assessor felt that the current process had been successful in establishing CPD activities, and the recording of them, as something that pharmacists and pharmacy technicians must do.

> *I think we needed some sort of process to drag the whole pharmacist populace into a state where everyone was actually recording something, I think in terms of making that happen it's been a big success, because I think CPD is an accepted part of pharmacy professionalism nowadays it's just what we do and it's an accepted part of practice.*
>
> **CPD Assessor**

6.17 In regards to the online interface from which CPD assessors review the records, on the whole they feel this is useful and easy to use.

> *The form is fit for purpose and in terms of administration by the reviewer it's very easy indeed to use.*
>
> **CPD Assessor**

6.18 CPD assessors feel that the main benefits of the 'call and review' process for registrants is that it helps them to reflect upon their CPD and any knowledge gained from participating in the activities, while also thinking about future learning and professional development.

> *I think for the majority of them it helps them keep in mind that they should be looking at continuing to update and keep up to date their skills*
>
> **CPD Assessor**

> *The process helps the registrant be reflective in their process and helps them to take time to go through a self-analysis in terms of how they're performing and their learning needs, and how things can be advanced.*
>
> **CPD Assessor**

6.19 In terms of benefits for GPhC, CPD assessors feel that the 'call and review' process benefits them in terms of giving an insight to how pharmacists and pharmacy technicians are getting on with their CPD.

I believe it helps the GPhC have an overview of their practitioners and where they are in terms of how well they meet the standard which then ultimately leads to how well their practise is and ultimately how well their clients and patients fare in interactions.

CPD Assessor

6.20 CPD assessors were asked about the amount of time spent reviewing each registrants record. There was some variation in the average time spent reviewing each set of records, and there was an indication that this was driven by the level of detail provided by the registrant, but most feel that 45 minutes is ample time to review records. When asked ideally how long they would like to review registrants' records most felt that the current timings were fine.

I think that's plenty. I would say the average amount of time I would spend on the records would be about 30 minutes even if it's a really big one.

CPD Assessor

7 What needs to change to make the new approach to CPD more valuable to the same stakeholders?

CPD activities

7.1 On the whole, pharmacists and pharmacy technicians are satisfied with the CPD activities that are on offer to them. There was, however, some desire for greater variation in the CPD activities provided. For example, one pharmacist mentioned that they did not feel there was enough training for pharmacists and pharmacy technicians involved in commissioning roles.

7.2 As discussed in Chapter 4, conferences, seminars and training sessions / courses were deemed by some pharmacists and pharmacy technicians to be the most useful events. There was an indication from some pharmacists and pharmacy technicians that they experience time, financial and logistical difficulties in attending conferences, seminars and training sessions / courses. These individuals wanted the GPhC to make these interactive events more accessible to them.

> *Most of it is informal - as a locum, it is difficult to get onto courses because of the hours. There is a financial implication of not working - also, it's so competitive that if he doesn't work a shift then someone else may take the job!*
>
> **Pharmacist**

7.3 The difficulties in attending interactive CPD sessions were often exacerbated by a perceived lack of support from employers. This was cited as a barrier to participation in CPD activities in general with the majority of pharmacists and pharmacy technicians stating that they completed their CPD activities in their own time with often little or no support from their employer. It was felt by pharmacists and pharmacy technicians that their employers should invest more time and / or money to help support their CPD activity.

> *Generally it's good but we need more training – the company should send us on training which looks at CPD stuff only. I think all of the pharmacists do this on their own time – they go to the CPPEs – but I just haven't been able to but I wish I could because I think it would help me quite a lot.*
>
> **Pharmacy technician**

7.4 This is a view that was supported by one CPD assessor, who felt that there needed to be much more professional support to aid registrants' involvement in CPD.

> *Something that registrants would appreciate would be paid time off to do CPD properly and that doesn't happen often.*
>
> **CPD Assessor**

7.5 There were a few comments from registrants that the companies running or supporting the CPD conferences, seminars and training sessions can use these interactive sessions as an opportunity to sell or push their products.

> *I know there is after hours stuff and lectures and when I first qualified I used to go to them but I lost interest because a lot are sponsored by drug companies and there is a bias towards their medication and I find time wise they just go on too long for me.*
>
> **Pharmacist**

7.6   Registrants feel they would benefit from more guidance on topics and key areas to learn, and suggested that this guidance could come from GPhC.

> *I don't know, maybe if they gave you subjects every month or every couple of months that they want you to learn about that they think you need to be learning about, I don't know...I don't know. Sending you subjects to do for your CPD. I feel OK about it; you do what you don't know about...that's good learning stuff that you don't know about.*

Pharmacy Technician

Who benefits most from the current CPD requirements?

7.7   Pharmacists and pharmacy technicians were asked who they feel benefits most from the current CPD requirements; themselves and fellow pharmacists / pharmacy technicians, patients and service users or GPhC. There were mixed responses given by the pharmacists and pharmacy technicians.

7.8   A number of pharmacists and pharmacy technicians feel that the current CPD process benefits GPhC the most, and they struggled to see how the current process helps them to develop. They feel that they would be conducting the CPD activities even if it was not a requirement to do so and the CPD process is just a way of checking up on them.

> *To be honest the only body I see benefitting from it is GPhC because it gives them a role to do and justifies them taking our money. I don't see it as being of benefit to anyone else.*

Pharmacist

7.9   However, others feel that the current CPD process benefits them as pharmacist and pharmacy technicians as it helps them to develop their knowledge and learning, which in turn filters down to services users themselves.

> *We have to ensure that we are providing the best service to the patient, and in order to do that you have to be up-to-date and your practice has to be aligned with that of colleagues. It's a useful method of assessing your performance and knowledge against your peers.*

Pharmacist

7.10   Others felt that they and fellow pharmacists / pharmacy technicians, patients and service users or GPhC benefitted equally from the current CPD requirements.

> *The person who is doing the CPD benefits. So do the patients because when you're serving them if you know about the products you can explain it to them well; the GPhC can keep an eye on your current activity.*

Pharmacy Technician

> *I would hope everybody, obviously in the first instance it would be me that if I improve my practise then I would hope my patients would benefit, and the GPhC would benefit from having a more competent workforce.*

Pharmacist

7.11 When completing the CPD documentation registrants are asked to state, for entries that start at 'Reflection' and 'Planning', the importance of the learning to themselves, to colleagues, to users of the products / services and to the organisation they work for on a scale of 1 to 5, where 1 means 'None' and 5 'Very high'.

7.12 From the CPD record review, there is evidence that registrants view the CPD activities they participate in as being important to all of these groups. Of the 653 records that begin at 'Reflection' or 'Planning', two-thirds (58%) gave a '4' (High) or '5' (Very high) on the scale of importance to all groups (for themselves, colleagues, users of the products / services and the organisation they work for). A further two-thirds (35%) gave varied responses for importance across the groups but had some marked as a '4' (High) or '5' (Very high).

7.13 Exploring the results from the 653 'Reflection' or 'Planning' records in more detail, registrants were more likely to report the importance of the learning as a '5' (Very high) for the users of the products / services (61%), and themselves (60%) than for the organisation they work for (48%) or their colleagues (33%).

CPD documentation process: 'Plan and record'

7.14 As discussed in Chapter 6, registrants were positive about the fact that they could record their CPD activities online. Therefore most of the suggestions for improvements to the online interface itself were fairly minor, namely:

- The introduction of a spellcheck function to the online interface

> *It's user-friendly but I have to do it on Word first and then copy and paste it across onto the portal – that's mainly due to it having no spellcheck.*
>
> **Pharmacist**

- A number of registrants requested changes to some of the questions to make it (feel) less repetitive. Within the CPD record review there was some indication of repetition with individuals repeating the same information across different CPD record entries.

> *A bit repetitive, I feel like I put the same sentences down twice or three times, I'm sure because there are so many sections to it. It's not difficult, I just find it a little bit repetitive.*
>
> **Pharmacy Technician**

- The introduction of more examples of 'good' records and 'bad' records.

> *More training to provide a better understanding of the purpose of CPD could help, as well as providing some examples of good and bad CPD records.*
>
> **CPD Assessor**

- A clearer indication of how much information is required

> *It's not the easiest thing to use, it's not clear how much you need to write, I think the mistake a lot of pharmacists make to begin with is just writing far too much I've seen CPD records that are pages and pages long and they just don't need to be, it's a bit unclear from that point of view.*
>
> **Pharmacist**

7.15 One registrant suggested that the online interface could be expanded into an online 'portfolio', which would allow registrants to record 'all sorts of different evidence' such as certificates as opposed to recording activity through writing alone. Another suggested allowing feedback from colleagues or

employers to act as a form of evidence for participating in CPD activity and the knowledge gained from doing so.

7.16   The ability to start recording CPD activities from four different starting points polarised opinion, some registrants thought it was useful and others stated it was complicated and caused confusion.

> *Could be reduced to two rather than four sections. Not to save time, but to make it more focussed, simple, and useful.*
>
> **Pharmacist**

7.17   A number of registrants' stated that they had particular difficulties with the entries starting at Reflection and Planning. GPhC could perhaps look to simplify the questioning within the Reflection and Planning sections of the CPD records / forms.

> *I never really know what it means on "On reflection" where it says "Tick one or more methods that you use to identify what you need to learn". I'm not quite sure what that means. You could argue "What do you want to learn?" and then the next question is "How is it relevant to your practice?" Well why would I want to learn it if it wasn't?*
>
> **Pharmacy Technician**

7.18   During the qualitative interviews, there was some indication from pharmacists and pharmacy technicians that they focused their effort when documenting their CPD activities on those they found easiest to complete (tended to be 'Action' and 'Evaluation') rather than what they find to be most important and / or useful.

> *Action is probably where you inevitably focus, because it's the easiest. But it's not the most important/useful. Reflection and Planning are the most important.*
>
> **Pharmacist**

7.19   The difficulties pharmacists and pharmacy technicians reported in completing Reflection and Planning entries were reiterated by CPD assessors, as these were the elements they feel are not completed as accurately or well by registrants when auditing CPD records.

> *Again I'm marking a lot of these for the undergraduates because we use the same sort of structure...Thinking about what the undergraduates struggle with they struggle with the difference between relevance and importance and application and benefits they struggle with as well in terms of what is it you've got to write in these boxes.*
>
> **CPD Assessor**

7.20   As stated in Chapter 6, these findings are supported by the record review of 1,000 CPD records. CPD record entries starting at 'Action' and 'Evaluation' were more likely to be given an overall summary score of 3 ('Fully detailed (genuine reflection)') than those that begin at 'Reflection' or 'Planning'. The proportion of the CPD entries starting at 'Action' and 'Evaluation'[3] given an overall summary score of '3' was 31% and 39% respectively, compared with 16% of 'Reflection' entries and 11% of 'Planning' entries.

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[3] Please note the low base size for 'evaluation' CPD records, only 31 were reviewed in total.

7.21 One section of the CPD form which assessors feel needs to improve in particular are the questions relating to how registrants have applied their learning at questions E2 (registrants are asked to give an example of how they applied or how they intend to apply what they have learnt to their practice) and E3 (registrants are asked what have been or what will be the benefits of this learning to their practice):

> *You read the record and they must be practising but they're not giving you any real examples. I think that's where the system is falling down because I think that if you are currently practising then you should be able to have most of your entries with a real example of how you've used it.*
>
> **CPD Assessor**

> *I sometimes think where people fill in the box "What have you learned?" they don't tend to give enough detail, and maybe it should be made clearer about what we're expecting. For example, some people may put "I learned the dose of paracetamol." That doesn't tell me that they did – anybody could put that! A lot of people do make that mistake and it's not that they don't know it they're just not writing it down.*
>
> **CPD Assessor**

7.22 The record review supports this perception as the scores awarded to E2 and E3 are often lower than scores awarded to the other questions within the documentation. For these questions, 12% at E2 and 14% at E3 of the 1,000 CPD records reviewed were given a score of '1' (Invalid blank / no useful information / only duplicating information already supplied in other field)

7.23 Other questions within the CPD documentation that received lower scores (10% or higher of responses scored as a '1' (invalid blank / no useful information / only duplicating information already supplied in other field)) within the record review were:

- P1 (registrants provide a description of their learning activity) – 10%
- P4 (registrants are asked to explain why the learning is important to them and their practice') – 12%; and
- P6 (registrants are asked what they might need to do in order to achieve this learning and the advantages / disadvantages of doing so) – 13%.

7.24 From reviewing the information provided at questions P4 and P6, in their current format for some registrants they are finding it difficult to provide evidence that they are reflecting on and making improvements to their practice.

7.25 Completing the CPD documentation process was also felt by some pharmacists and pharmacy technicians to be rather a time consuming task.

> *It is time consuming. I have some colleagues that were asked after 5 years - they had to complete 45 records [in one go] as they don't record it till asked. If they asked us every year I think that would make much more sense.*
>
> **Pharmacist**

7.26 Those who reported finding the documentation process time consuming tend to have spent longer on average completing each CPD record and / or tended to have entered their CPD records at less frequent intervals. An additional issue highlighted by some of those who completed their CPD records less frequently was the difficulty of recall.

7.27 The majority of pharmacists and pharmacy technicians when completing the CPD documentation process, did not refer to GPhC's guidance. A number of registrants' mentioned they were not aware the guidance existed so the GPhC could look to raise awareness of the guidance documentation.

7.28 One registrant who had viewed the guidance on offer from GPhC, felt it would be more useful to have a short video of a real pharmacist linking their CPD activities to real life examples and providing detail of how they documented their CPD.

Personal and Employer records of CPD activity

7.29 Pharmacists and pharmacy technicians were asked whether they and / or their employer kept records of the CPD activity they participated in, and if so, in what format it was kept.

7.30 Most pharmacists and pharmacy technicians keep a personal record of the CPD activity they participated in. The format the personal records of CPD activity take differ, they include:

- A diary of events / CPD activities participate in;

- Rough handwritten notes of CPD activities;

- Electronic word documents of CPD activities; and

- Documents of handouts from CPD activities.

> *The way I work I keep records of meetings I attend and conferences I go to and activities I do. I manage my own diary, I keep notes so I either have online records or in notebooks of what I've done or what I do, and then what I do is go back and review those and translate those onto the forms.*
>
> **Pharmacist**

7.31 In addition, a number of the registrants refer to 'update.org' itself as their personal record of the CPD activities they participate in.

7.32 For most pharmacists and pharmacy technicians, the organisation they work for does not keep a record of their CPD activity. One registrant reported being required to provide their employer with a copy of the evidence they submit to GPhC. A few registrants mentioned that although their employer does not formally keep a record of their CPD activity they do check that they are participating in CPD activities.

7.33 Overall, pharmacists and pharmacy technicians did not feel that their current employer supported their continuing professional development with time, resources, mentoring or as part of their career development. Some registrants did mention that they received guidance or mentoring from fellow pharmacists and pharmacy technicians within their organisation, but that this support was provided by a particular individual rather than begin driven by the organisation.

The process of auditing CPD records: 'Call and review'

7.34 CPD assessors were asked their views and experiences of the process of auditing CPD records.

7.35 Most CPD assessors gave similar descriptions of the process of auditing registrants CPD records. CPD assessors log onto a central website where a queue of registrants appears, they select the one at the top of the anonymised list and as long as they are unable to identify the pharmacist / pharmacy technician they proceed with this registrant. They then read, review and assess the top 20 CPD records for this registrant marking these against GPhC criteria and ticking the boxes when the criteria are met.

> *The most important thing is to assimilate the information, read everything carefully, then to be able to decide whether or not it meets the criteria to be able to give it a tick box*
>
> **CPD Assessor**

7.36 When asked how many registrants' records they were responsible for reviewing each year, most CPD assessors stated that they did not have to review a set amount each year. The CPD assessors gave varying responses for the amount of CPD records they did review on an annual basis.

7.37 CPD assessors tend to focus on one registrants' CPD records at a time. The number of registrants CPD record reviews they would complete in a sitting all depended on the time available.

7.38 Most CPD assessors do not meet with other assessors, and among those who do this was not on a regular basis. There is an appetite amongst CPD assessors to have more frequent meetings with fellow assessors and it is something they feel both themselves and the CPD review process would benefit from.

7.39 CPD assessors offered differing opinions when asked in their experience how they feel most registrants approach and complete CPD. Some feel they approach it professionally and complete the CPD documentation well, while others feel that there are some registrants providing just enough information to pass the audit.

> *There are two very different groups – there are people who are conscientious, caring professional people who do very good records and some of those actually are a joy to read. And there are others who are doing the absolute minimum and you get one word answers and annoyingly sometimes you actually have to give them, you know assess the criteria as them being there it actually is there...but you know that's the bit that's not right.*
>
> **CPD Assessor**

Views on the audit process: 'Call and review'

7.40 For a number of pharmacists and pharmacy technicians, their CPD records being called to review was what prompted them to complete the CPD documentation process.

7.41 A number of registrants stated that they would like to see more frequent reviews, requiring a lower volume of CPD activities to be recorded. They feel this will help prevent them recording their CPD activities retrospectively and add more value to the CPD process.

> *I don't like the way they call people every 5 years or something as then it is 45 entries and that becomes a nightmare. Most people I'd say attend events but don't record them and so because they wait for 5 years it is then 45 CPDs all at once. I think this is not good, not good at all.*
>
> **Pharmacist**

7.42 CPD assessors also felt it would be beneficial to call CPD records to be reviewed at more frequent intervals.

> *The Call and Review, the professional have their records called every five years and I think that's probably quite a long time to sample their records.*
>
> **CPD Assessors**

7.43 Although a number of registrants report finding feedback at the end of the audit process useful, most feel that this could be improved. These feel that the feedback was not particularly useful because it was too vague.

> *It all seemed very generic. There was nothing very specific about it. It's a weird sort of thing as I know it is called Continuous Professional Development but they are really just grading your filling in forms ability. There was no feedback about my continuous professional development it was just the form was well filled in. You are just appraising me on my ability to fill in a form and you get the impression that the person appraising it is not a pharmacist. It's not feedback, it's not like you are speaking to a mentor.*
>
> **Pharmacist**

7.44 One registrant stated that the feedback provided was not very useful because there is no background information to it (such as an average score). GPhC could look to provide some general feedback information that would allow registrants to put their feedback in context with the wider profession.

> *I was surprised how good my score was, I wouldn't have given me 98-99%. That, for me, questions the quality of the review. What is the average score? I can't compare myself to others.*
>
> **Pharmacist**

7.45 Some registrants reported feeling that following submitting their CPD records for review that they had to wait too long to receive the feedback.

> *It was the first time I actually sent it off myself and had to wait a good 8 weeks for the feedback. It's too long.*
>
> **Pharmacy Technician**

7.46 One registrant suggested that GPhC could look to learn lessons from some other regulatory bodies that have been established for longer.

> *What they need to do is look at other regulators, including those outside the healthcare sector. For example - Bar Standards Board, and the Solicitors Regulation Authority. They've got it right. One should have to submit a record of training every 12 months - based on hours of training. This is self-certified at this point. Then a random selection should be selected for audit. At this point, they should have to evidence the training. There should be a short turnaround for this - 6 weeks is too long, because people know they can cobble something together in this time. It should be a timeframe which is not long enough for someone to blag it - e.g. 2 weeks. If you don't comply in time, there should be a financial penalty. If, once submitted, it is found to be lacking - then you go into the "fitness to practice" process. At the moment, there are simply not enough repercussions.*

Pharmacist

7.47 Mirroring the views of some registrants, many assessors stated that the feedback that the programme allowed them to give was 'flat' and that they would like to give more tailored / personalised feedback as opposed to 'box-ticking'. They also felt that this would help to make the process more 'meaningful' for registrants.

> *It could be better, only because as a reviewer we can't give direct feedback we've only got tick boxes, sometimes where you have a record that is really, really good and they'll get ticks, and you'll get another record where it passes but passes marginally and you feel you could do with writing some feedback there but actually we're not allowed to do that we can only just put the tick, you can get a very good record and one that only just squeezes through but they'd still get the same ticks.*
>
> **CPD Assessor**

> *They're a bit, because it's a tick box exercise you can say that some of the ticks are...how can I put it, some of the ticks mean more than other ticks*
>
> **CPD Assessor**

7.48 One CPD assessor commented that although they felt more individualised feedback was a good idea that some assessors have limited knowledge of the industry so it may be difficult for them to provide detailed technical feedback or suggestions for professional development.

7.49 The issue of the feedback provided is the main topic of discussion when assessors meet to talk about the CPD process (these discussions only tend to take place during annual training sessions).

> *I think the general feeling is that it's a good framework but there are things that don't work. The discussions assessors have are usually centred on the fact that there is a need for a little bit more flexibility. I think the automated feedback is a bone of contention because we feel we could provide more individual feedback to the professionals.*
>
> **CPD Assessor**

7.50 Related to this desire to provide more personalised feedback, and to be able to differentiate between the standard of the information provided within the records, some CPD assessors suggested amendments to the online portal and review process in order to facilitate this. Suggestions included incorporating free text boxes for feedback and rather than just ticking a box being able to rank the information provided.

> *The form needs some way for a CPD reviewer to be able to explain in some sort that overall that was a satisfactory record for example. We can get records that tick all the boxes but are not really good. It would be good to have space on there for the reviewer to be able to comment on each section and express their reflection on that piece of CPD. Either that or the form needs to changed somehow.*
>
> **CPD Assessor**

> *Maybe it would be good to put a bit of variation on the tick boxes so we could have a good, very good or poor rather than just a tick, as I was saying before if you've got somebody who's given you a really good article you could say that was really good rather than giving everybody the same mediocre score,*

it's things like where they've found the information out from, sometimes some people only put one example, so they might just have read a journal whereas others would have read a journal , discussed it with colleagues and seen it out in practise so they've got a few more examples so both those examples will just get one tick.

CPD Assessor

7.51 On the whole, assessors thought that the online interface itself was useful but there were some relatively minor, improvements suggested:

- Making the online function faster; and

- Making the online function more compatible with devices such as tablets and laptops.

The interface itself can be clunky sometimes. It needs to be able to flex depending on what you're working on, whether it's a tablet or a laptop, what screen resolution you use.

CPD Assessor

7.52 Some CPD assessors called for greater flexibility in the time allocated for assessing records as they felt there was variation in the time required to review a registrants records with some taking longer than the maximum 45 minutes allocated whilst others were shorter.

Ideally it would be nice not to have a time limit on it, so that if somebody has a long record you can still give them the time that they need.

CPD Assessor

I would say it would be good to have flexibility both ways, maybe a 5-10 minute flex and to be justified, the 45 minutes to be the norm on average and then where necessary maybe with a box to justify why this was extended to allow for the extension.

CPD Assessor

7.53 One CPD assessor felt that the review process could be improved if they were given set quotas / numbers of registrants to review.

Smoother for us as a reviewer would be if we had a specific quota perhaps every month...and stick with yearly training so that we can all discuss if we've got any problems or any queries together. I think if we started doing feedback then we would need those more regularly to make sure we were all on the same page

CPD Assessor

7.54 In terms of engagement with the current CPD process most assessors feel that on the whole registrants are engaged with the process. However, there was felt to be some variation. One CPD assessor commented that they feel engagement could be waning as registrants are aware at the end of a 5 year cycle.

It's like anything else like this there are many who do it because they have to do it but I think the vast majority see it as a good process and you can see in the way they provide their entries they are taking the process seriously,

CPD Assessor

It might've lapsed a bit because we've had the CPD for quite a few years now so it's' starting to become the second time around for most people so it could've lapsed a bit because you only get called every five years.

CPD Assessor

7.55 CPD assessors felt that what registrants gained from the review process depended largely on what they put into it.

Analysis of CPD records

7.56 Pharmacists, pharmacy technicians and CPD Assessors were asked what they think GPhC does with the CPD records and audit information they provide.

7.57 A number of pharmacists and pharmacy technicians feel that the CPD records are used by GPhC to check that they are continuing with their professional development and able to perform the role of pharmacist / pharmacy technician.

To make sure you're competent and still doing your job.

Pharmacy Technician

7.58 Other registrants were unsure what was done with the CPD information they provided. Once again, when asked what analysis they thought GPhC did with the information provided a proportion of pharmacists and pharmacy technicians were uncertain.

7.59 Those that provided a response as to what analysis GPhC conducted tended to feel that they are likely to investigate whether registrants are completing the required amount of CPD activities, improving their knowledge and continuing with their professional development. A mixed response was given by registrants when asked at what level they believed the analysis was conducted, some believed this to be at an individual level while others feel that registrants would be grouped for analysis.

7.60 Reflecting the fact that most registrants do not know what GPhC does with the data they collect a number of registrants stated that there should be more transparency in terms of what the data is used for and how it affects registrants and their roles..

7.61 CPD assessors were asked what happens once they submit their audit information, how they think GPhC uses the audit information provided and whether they think they conduct analysis on this information.

7.62 Some CPD assessors feel that GPhC uses the information they provide to ensure competency and compliance of their registrants.

They use it to ensure that across the board all their registrants complete their CPD records, their records are complete but also that they're completed appropriately.

CPD Assessor

7.63 CPD assessors believed that there was analysis of the audit information at an individual level to prepare the registrants feedback reports. Some also mentioned that audit information was analysed at an overall level to investigate the proportion who are meeting the CPD requirements. A number of

CPD assessors did also respond that they were unsure what was done with the audit information they provided.

7.64 A number of CPD assessors stated that they would like to have more interaction and engagement with GPhC with regards to what they do with the data collected from the audit process. In addition to this some assessors mentioned that they would like to receive feedback on their own work and auditing performance.

Peer review

7.65 CPD assessors were asked whether they think there are any possibilities for some form of peer review of the current CPD requirements and process. Some CPD assessors were positive about the possibility and feel that a peer review process would help to improve the current CPD process. This view was also shared by a number of pharmacists and pharmacy technicians.

> *Another thing I thought would work would be some sort of peer review. Rather than submitting themselves and sitting in a dark room you'd be required to find another pharmacist or technician (a peer to look at your cycles). Say you did five a year for example to make it easier, they'd read through them and give you one paragraph feedback about what you'd done and what you could do differently and then you could demonstrate on how you'd acted upon that.*
>
> **Pharmacist**

7.66 One felt it would be useful to get together groups of CPD assessors and groups of registrants.

> *I think it would be very good to get a group of let's say a dozen reviewers to spend a day thrashing it out with the GPhC and probably the same with a group of registrants, like a focus groups.*
>
> **CPD Assessor**

7.67 When completing the CPD documentation, entries that start at 'Reflection' are asked what methods they use to identify a learning need. In the CPD record review, over half (55%) of 'Reflection' entries reported using 'peer review / talking to colleagues'. This methodology was the second most commonly used, following 'personal interest' (63%). This demonstrates that both experience of and an appetite for peer review already exists amongst registrants.

7.68 A number of CPD assessors highlighted some of the difficulties that may arise from attempting a peer review due to pharmacy being such a diverse profession and because of the number of specialist pharmacies that exist.

> *Yes there are but they need to be carefully handled because pharmacy is such a diverse profession, there are independent pharmacies, community pharmacies, there are pharmacies that work for multiple agencies, there are industrial pharmacists, and there are academic pharmacists, so the process needs to be carefully handled so nobody feels disenfranchised from the activity and from the process.*
>
> **CPD Assessor**

7.69 Some CPD assessors share their concerns about how the peer review would work in practice and are a little sceptical of it being a success.

I don't know as it's going to be quite hard. You'd need to standardise it and have people trained to know what they were looking for. Criteria would need to be really clear.

CPD Assessor

7.70 CPD assessors were asked what types of performance indicators they would like to see included within the CPD requirements and process. Most felt that on the whole the current requirements were fine. A couple of CPD assessors feel that the CPD requirements would benefit from more future planning and creating a personal development plan.

Possibly...an outline of where they're heading with their CPD, a lot of what they do is firefighting, they had someone arrive they didn't have the knowledge, the do the CPD to increase that knowledge or to fill that gap. The CPD needs to be one that is led and fed in some way, where they are aiming for it, why, that kind of relevance in terms of their overall planning of their CPD

CPD Assessor

8 Conclusions

8.1 On the whole, registrants and CPD assessors are positive about the current CPD process but feel that it could do more to help with their development. They both suggest a number of amendments to the current CPD approach to get more value out of the CPD assessment.

8.2 Overall registrants and CPD assessors were positive about the online portal they accessed. There were some specific amendments that were suggested to the online portal. For 'plan and record' registrants recommended the inclusion of a spell checker, reducing the repetition of questions, the introduction of good and bad records and a clearer indication of how much information is required. Whilst CPD assessors called for improved compatibility with devices such as tablets and to make the online software faster.

8.3 Most pharmacists and pharmacy technicians are satisfied with the CPD activities that are offered to them. The recommended improvements to the CPD activities call for a greater variety of CPD activities, an increase in the number of interactive sessions on offer and greater direction from GPhC on what to learn.

8.4 Registrants and CPD assessors main feedback on the audit process 'call and review' was that they would like more frequent reviews and for the feedback provided to be more individualised and varied. By calling records for review on a more regular basis this would ensure that registrants do not have to enter a backlog of entries and experience difficulties in recalling the details of the CPD activities they participate in.

8.5 One way to approach future audits would be to sample the register on a random basis – this would ensure that selection is not predictable in any way. In terms of the number of registrants to be sampled for review each year, it would need to be sufficiently large to be representative, but it also needs to be large enough to present a "risk" to registrants if they do not keep up to date, and be balanced with cost and efficiency. This "risk" is also dependent on the time available to complete their records, and the consequences if they are late and / or inadequate.

8.6 In regards to the analysis of information both registrants and CPD assessors were unsure how the information was used and asked for greater transparency in what is done with the information collected. A number of registrants and assessors stated that they would like to have more interaction and engagement with GPhC.

Appendix A: Analysis of Record Review

Analysis of questions that were reviewed using 3 point scale

As discussed in section 2.13, records were scored on a 1 to 3 basis as part of the record review. Answers that were deemed to give minimal detail were given a score of 1, those with some (albeit mixed / patchy) detail were given a score of 2 and those which were deemed to be very detailed and suggestive of genuine reflection were given a score of 3.

The table below shows the scores for each of the questions that were reviewed using this scale. Please note that analysis of each question is only based on the number of entries that should have provided an answer to the question – the records that were legitimately blank for each question have been excluded.

Although we report on "numbers", it should be acknowledged that the scores given as part of the review are a qualitative assessment of the record and are therefore subject to personal interpretation.

Question	Total Number of Entries	Record Review Score			Total Sum of Entries	Mean
		1	2	3		
R1: What do you want to learn?	549	5%	69%	26%	1213	2.209
R2: How did you identify what you needed to learn?	549	5%	62%	32%	1246	2.270
P1: Describe the learning activity that you are planning to do.	104	10%	71%	19%	218	2.096
P2: What do you hope to learn from this activity?	104	4%	74%	22%	227	2.183
P3: Advantages/disadvantages	104	8%	65%	27%	228	2.192
P4: Why is this learning important to you and your practice?	653	12%	57%	31%	1432	2.192
P6: What have you learnt?	549	13%	60%	27%	1178	2.146
A1: Describe the activity you undertook that enabled you to learn something new	316	9%	59%	32%	706	2.234
A2: Describe what you actually learnt from the activity	969	4%	36%	60%	2474	2.553
E2: Describe a situation where you've applied something that you've learnt to your practice.	1000	12%	54%	34%	2215	2.215
E3: Describe how your practice benefited from applying what you learnt.	1000	14%	60%	27%	2127	2.127

Analysis of questions that were reviewed using other scales

Question	Total Number of Entries	Number of methods used to identify learning needed								Mean
		1	2	3	4	5	6	7	Missing	
R3_1: Number of methods used to identify learning needed	549	20%	35%	27%	12%	3%	1%	*	1%	2.400

Question R3_2: Type of methods used to identify learning needed	No. of mentions	% (of 549 Reflection records)	Number of cases when this method was the only type used to identify need
Personal interest	348	63%	41
Peer review/talking to colleagues	307	56%	21
Reading articles / journals	198	36%	12
Feedback from users of service/product	138	25%	7
Appraisal	68	12%	3
Critical incidents	61	11%	7
Audit	38	7%	8
Other	142	26%	13

Question	Total Number of Entries	Yes	Partly	No	MISSING
E1: Have you learnt what you set out to learn?	653	93%	6%	*	1%

Question	Total Number of Entries	Nothing - I've learnt enough for what I need	Started a new CPD cycle	MISSING
E4: What do you intend to do next?	347	90%	5%	5%

Analysis by 'entry point' and overall summary

As well as scoring responses to each question on a 1 to 3 scale, each type of record in terms of 'entry point' was scored using the same scale (i.e. records that were deemed to contain minimal detail were given a score of 1, those with some detail were given a score of 2 and those that were very detailed and suggestive of genuine reflection were given a score of 3). The same approach was taken when reviewing each record at an overall level. Again, valid blanks were excluded.

Section	Total Number of Entries	Record Review Score			Total Sum of Entries	Mean
		1	2	3		
Reflection	549	6%	78%	16%	1157	2.097
Planning	104	4%	86%	11%	215	2.067
Action	316	7%	62%	31%	709	2.246
Evaluation	31	-	61%	39%	74	2.387
OVERALL	**1000**	**6%**	**73%**	**21%**	**2149**	**2.149**

Appendix B: Interview Topic guides

Depth interview topic guide: Pharmacists and Pharmacy Technicians

A Introduction to the research

- **ASK TO SPEAK WITH NAMED CONTACT**

- **THANK RESPONDENT FOR AGREEING TO TAKE PART**

- **INTRODUCE SELF AND IFF RESEARCH**

- **EXPLAIN THE BACKGROUND AND OBJECTIVES :**

  IFF RESEARCH HAS BEEN COMMISSIONED BY THE GENERAL PHARMACEUTICAL COUNCIL TO CONDUCT A REVIEW OF THE CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS OF PHARMACISTS AND PHARMACY TECHNICIANS. THE CORE AIM OF THE REVIEW IS TO PROVIDE EVIDENCE-BASED RECOMMENDATIONS FOR IMPROVEMENTS TO THE CPD REQUIREMENTS IN THE CONTEXT OF THE PLANS TO INCORPORATE REVISED CPD REQUIREMENTS INTO THE GENERAL PHARMACEUTICAL COUNCILS 'CONTINUING FITNESS TO PRACTISE FRAMEWORK'.

  AS PART OF THE REVIEW, IFF ARE CONDUCTING INTERVIEWS WITH BOTH PHARMACISTS AND PHARMACIST TECHNICIANS, AS WELL AS THOSE RESPONSIBLE FOR ASSESSING CPD RECORDS.

- THE INTERVIEW WILL LAST APPROXIMATELY 30-40 MINUTES

- **CONFIDENTIALITY:**

  PLEASE NOTE THAT ALL DATA WILL BE REPORTED ANONYMOUSLY AND YOUR ANSWERS WILL NOT BE REPORTED TO GENERAL PHARMACEUTICAL COUNCIL OR ANYONE ELSE, IN ANY WAY THAT WOULD ALLOW YOU TO BE IDENTIFIED.

- TAKING PART IN THIS RESEARCH WILL NOT IMPACT ON YOUR DEALINGS WITH THE GENERAL PHARMACEUTICAL COUNCIL AT ANY POINT IN THE FUTURE.

- **RECORDING - PERMISSION TO RECORD**

INTERVIEWER NOTE: SHOULD THERE BE ANY NEGATIVITY/NEGATIVE COMMENTS DURING THE INTERVIEW WILL NEED TO PROBE TO UNDERSTAND WHETHER FEEL NEGATIVELY TOWARDS THE GENERAL PHARMACEUTICAL COUNCIL IN GENERAL, WHETHER FEEL NEGATIVE TOWARDS CPD IN GENERAL OR IS IT SPECIFICALLY THE GENERAL PHARMACEUTICAL COUNCILS APPROACH TO CPD FEEL NEGATIVE TOWARDS.

ONCE ESTABLISHED WHAT IS DRIVING NEGATIVITY NEED TO PROBE TO FIND OUT WHY.

B Background information

First of all, I'm interested in learning a little about your role and the organisation your work for as context for the study.

B1 **Can you describe the organisation you work for?**

B2 **What is the employment setting like?**

- A community pharmacy, a hospital setting or something else?

B3 **How long have you been working for the organisation?**

B4 **How well would you say you know the General Pharmaceutical Council?**

- Very well, fairly well, not very well, not at all well, never heard of it.

B5 **How favourable or unfavourable would you say your impression is of the General Pharmaceutical Council?**

- Very favourable, mainly favourable, neither favourable nor unfavourable, mainly unfavourable, very unfavourable.

C   Views and experience of CPD activities

Registrants with the General Pharmaceutical Council (GPhC) are legally required to undertake continuing professional development (CPD) activities to maintain their registration. I'd like to talk to you now about your experience of these CPD activities.

C1 **What types of activities have you participated in, in the past year?**

- EXAMPLES THAT MAY BE GIVEN IF NECESSARY: Conferences, courses and professional meetings, practice-based learning including feedback from patients, professional audit, self-directed learning, including reading, writing and undertaking research, learning with others in the workplace / other healthcare professionals, preparing for and giving lectures and presentations, designing and delivering training sessions or courses, writing papers and other articles for publication
- PROBE: Have they been mainly formal training, informal training, on-the-job training?
- PROBE: How much CPD activity have you participated in? How many activities have you participated in?

C2 **What are your views on the CPD activities that are on offer to you?**

C3 **Do you feel the level and amount of activity required by the General Pharmaceutical Council is appropriate? And why?**

- IF NOT: Do you find it too much / not enough? What level / amount should be required?

C4 **Can you give me a brief overview of your experience of the CPD activities you have participated in?**

- PROBE: Have you found the CPD activities helpful? Interesting?
- PROBE: How did you actually come to do the CPD activities you did?
- PROBE: How did you decide upon these activities? Was it your idea to participate in the activities or were they suggested / recommended to you? IF SUGGESTED / RECOMMENDED: Who by?

C5 **How useful have you found the CPD activities you have participated in?**

- Why do you say this?
- IF USEFUL: In what way have they been useful to you?

C6 **Were any particular activities more or less useful?**

- If so which activities and why?

C7 **Overall who do you think benefits most from the current CPD requirements: yourself and fellow pharmacists / pharmacy technicians, patients and service users or the General Pharmaceutical Council?**

- And why do you say that?

- In what ways do you feel they benefit?

C8 **Why do you think you are legally required to undertake continuing professional development (CPD) activities to maintain your registration with the General Pharmaceutical Council?**

D Views and experience of CPD documentation process ('Plan and record')

Thinking now about the General Pharmaceutical Council's CPD documentation process known as 'plan and record'.

D1 **How often do you complete your CPD records?**

- PROBE: After every activity, after a set number of activities, at set timescales (i.e. every month, 6 months), all in one sitting?

- *NOTE: NO INDIVIDUAL RESPONSES WILL BE PASSED BACK TO THE GENERAL PHARMACEUTICAL COUNCIL*

IF COMPLETED IN ONE SITTING

D2 **What was the reason(s) for completing in one sitting?**

- PROBE: Because you find it easier that way? Because you left it to the last minute?

D3 **How have you found the CPD documentation process 'plan and record' in general?**

D4 **Have you found the records / forms easy or difficult to complete?**

D5 **Which parts of the CPD documentation process 'plan and record' did you find most / least useful?**

- And why?

D6 **In general how do you feel about the amount of time you have spent completing CPD records / forms?**

- PROBE: How long did you spend completing CPD records / forms in the last year?

- PROBE: Too long? About right?

D7 **What do you think about the CPD form itself you are required to complete?**

D8 **Which parts of the form did you find most / least useful?**

- And why?

D9 **Did you refer to any of the guidance documentation created by the General Pharmaceutical Council when completing the CPD records / forms?**

- If Yes: Did you find the guidance documents useful?

- If No:, Why did you not use the guidance documents?

D10 **Did you attend or receive any training in completing 'plan and record' from your employer, professional body or other source?**

- IF YES: How useful did you find this training?

D11 **Overall how useful have you found the CPD documentation process 'plan and record' in terms of genuinely reflecting on your possibilities to improve your professional practice, patient or service user outcomes, or to identify gaps in your current knowledge?**

- Very useful, fairly useful, not very useful, not at all useful

- Why do you say that?

D12 **Has the process of recording your CPD activities prompted you to take further action?**

- IF YES: What action have you taken? PROBE: follow-up on action points from CPD activity, seek out further CPD activity.

D13 **As well as formally recording your CPD activity do you keep a personal record of the CPD activity you have participated in?**

IF KEEP A PERSONAL RECORD
D14 **In what format is this personal record kept?**

- Rough notes on paper? Electronic?

IF KEEP A PERSONAL RECORD
D15 **How often do you update your personal record?**

- PROBE: Is it after every activity or less frequent

D16 **Does the organisation you work for keep a record of your CPD activity?**

   IF ORGANISATION WORK FOR KEEP A RECORD
D17 **How is participation or completion in CPD activity recorded or evidenced by your employer?**

D18 **Does your current employer support your continuing professional development with time, resources, mentoring or as part of your career development?**

- IF YES: In what way(s) does your current employer support your continuing professional development?

E   The audit process ('Call and Review')

The General Pharmaceutical Council conduct an audit of registrants' CPD records named 'Call and Review'

E1 **Do you recall your CPD records being reviewed by the General Pharmaceutical Council?**

- IF NO SKIP STRAIGHT TO SECTION F

E2 **When were your CPD records called for review?**

E3   **Did being notified that you were going to be reviewed impact on how and when you completed your CPD records?**

E4   **When your CPD records were reviewed by an assessor, how did you find this process?**

E5   **How useful did you find the CPD review process?**

  ● Why?

E6   **What do you feel about the feedback you received from the General Pharmaceutical Council following 'Call and Review'?**

E7   **Did you find the feedback useful?**

  ● Why?

E8   **Thinking now about the CPD records you have provided to the General Pharmaceutical Council. What do you think these CPD records are used for?**

E9   **What analysis do you think the General Pharmaceutical Council conducts with the information collected?**

  IF THINK GPHC ANALYSES THE INFORMATION COLLECTED:
E10 **At what level do you think this analysis is conducted (e.g. individual level, grouping registrants etc)?**

F   Revising the approach to CPD

The General Pharmaceutical Council is looking to make changes and improvements to its approach to CPD.

F1   **Overall how well do you feel the current CPD requirements and process support you in reflecting on and making improvements to your knowledge and professional practise for the benefit of service users?**

  ● And why do you say that?

  IF FEEL SUPPORTED
F2   **In what way have the current CPD requirements supported you in reflecting on the outcomes for patients and service users?**

  IF FEEL SUPPORTED
F3   **In what way have they supported you in making changes to your role?**

F4   **Which parts of the current approach do you feel should be maintained?**

  ● And why is that?

  ● Are there any other parts you feel should be maintained? And why?

F5   **And what, if anything, needs to change to make the new approach to CPD more valuable and / or useful to you?**

  ● Why does this need to change? How should this change?

- Is there anything else that needs to change? Why?

F6 **Overall how do you feel the current approach to CPD could be improved?**

G Final comments and wrap up

G1 **Finally, is there anything else you would like to tell the General Pharmaceutical Council about the CPD process in general?**

THANK RESPONDENT AND CLOSE INTERVIEW

I declare that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct.		
Interviewer signature:	Date:	
Finish time:	Interview Length	Mins

Depth interview topic guide: CPD Assessors

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- **RECORDING - PERMISSION TO RECORD**

B   Background information

First of all, I'm interested in learning a little about you and your role as a Continuing Professional Development (CPD) Assessor for the General Pharmaceutical Council.

B1   **Can you briefly describe your role as a CPD Assessor?**

- PROBE: What does this involve? What are your main duties?

B2   **Is your position as CPD Assessor your main role or part time work on top of other work?**

IF BEING A CPD ASSESSOR IS NOT MAIN ROLE

B3   **Can you briefly describe your current position?**

B4   **How long have you been undertaking this role?**

B5   **How favourable or unfavourable would you say your impression is of the General Pharmaceutical Council?**

- Very favourable, mainly favourable, neither favourable nor unfavourable, mainly unfavourable, very unfavourable.

C   The process of auditing CPD records ('Call and Review')

Now, focusing on the process of auditing CPD records ('Call and Review').

C1   **Can you describe the process of auditing a registrant's CPD records?**

- PROBE: What does conducting an audit involve?

C2   **How many registrants' records are you responsible for auditing each year?**

- INTERVIEWER NOTE: Use a different time period if that is easier for the respondent

C3   **How do you manage the process of auditing the CPD records?**

- PROBE: Do you review in batches or review one registrants' CPD records at a time?

C4   **In your experience how do you feel most registrants approach and complete CPD?**

- PROBE: Do you feel this approach is common across registrants? IF DIFFERS: What different approaches do you feel are used?

C5   **What happens once the audit information has been fed back to the General Pharmaceutical Council?**

C6   **How do you think the General Pharmaceutical Council uses the audit information?**

C7   **Do you think the General Pharmaceutical Council analyses the audit information?**

IF THINK GPHC ANALYSES THE INFORMATION COLLECTED:

C8   **At what level do you think this analysis is conducted (e.g. individual level, grouping registrants etc)?**

D   Views of the call and Review process

I'd like to talk to you now about your views and experience of the auditing process ('Call and Review').

D1   **What is your view of the call and review process?**

D2   **What do you think are the main benefits of the call and review process?**

- PROBE: What do you think the process achieves for the registrant / helps the registrant achieve?

- PROBE: What do you think the process achieves for General Pharmaceutical Council / helps the General Pharmaceutical Council achieve?

D3   **How well do you think it supports registrants to reflect on and make improvements to their practice?**

- PROBE: In what way(s) do you think it supports registrants to reflect on and make improvements to their practice

D4 **Have you had any discussions with other CPD Assessors as to their views of the audit process?**

D5 **How do you feel about the 45 minutes you are given to review a registrants CPD records?**

- PROBE: Too short? Too long?

D6 **Ideally how long would you like to have to review a registrants CPD records?**

D7 **How well engaged with the current CPD process do you feel registrants are?**

- Very well engaged, fairly well engaged, not very well engaged, not at all engaged
- PROBE: Why do you say that?

D8 **Thinking now about the form used to record and review CPD activities. What is your view of these forms? Is there anything you feel is missing or could be changed on the forms?**

- PROBE: What would you add?
- PROBE: What would you change and how?

D9 **Are there any particular elements of the forms you feel work well?**

- PROBE: Which elements do you feel work well and why do they work well?

E   Revising the approach to CPD

The General Pharmaceutical Council is looking to make changes and improvements to its approach to CPD.

E1 **Overall how well do you feel the current CPD requirements and process support pharmacists and pharmacy technicians to genuinely reflect on and make improvements to their practice?**

- Very well, fairly well, not very well, not at all well
- And why do you say that?

E2 **What, else, would help pharmacists and pharmacy technicians to reflect on and make improvements to their practice?**

E3 **Overall how well do you feel the current CPD requirements and process ensure the safety of the public?**

- Very well, fairly well, not very well, not at all well
- And why do you say that?

E4 **Overall how well do you feel the current CPD requirements and process support pharmacists and pharmacy technicians to reflect on the outcomes of their practice for the public, patients and their service users?**

- Very well, fairly well, not very well, not at all well

- And why do you say that?

E5 **Overall how well do you think registrants value CPD?**

- Very well, fairly well, not very well, not at all well
- And why do you say that?

E6 **Which parts of the current approach do you feel should be maintained?**

- And why is that?
- Are there any other parts you feel should be maintained? And why?

E7 **What, if anything, needs to change to make the new approach to CPD more valuable and / or useful to pharmacists / pharmacy technicians?**

- Why does this need to change?
- Is there anything else that needs to change? Why?

E8 **And what, if anything, needs to change to make the new approach to CPD smoother from your perspective?**

- Why does this need to change?
- Is there anything else that needs to change? Why?

E8 **Overall how do you feel the current approach to CPD could be improved?**

E9 **Do you think there are any possibilities for some form of peer review of the current CPD requirements and process?**

E10 **What types of performances indicators would you like to see included within the CPD requirements and process?**

F   Final comments and wrap up

F1 **Finally, is there anything else you would like to tell the General Pharmaceutical Council about the CPD process in general?**

THANK RESPONDENT AND CLOSE INTERVIEW

I declare that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct.		
Interviewer signature:	Date:	
Finish time:	Interview Length	Mins