



plan & record

for pharmacy
technicians

version 1.2

continuing

professional

DEVELOPMENT



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Introduction

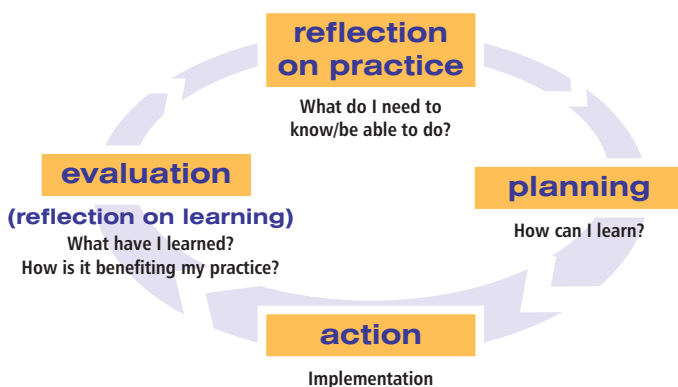
Welcome to the Society's system for Continuing Professional Development (CPD). CPD will give you the opportunity to demonstrate to employers, the National Health Service and patients that you are maintaining and building on your capabilities. This *Plan & Record* is provided as a guide to help you do this. Our approach to CPD puts you in control of your learning. You direct your learning by:

- identifying your learning needs
- choosing activities to undertake to meet them
- putting what you have learnt into practice.

This document explains the framework within which you can manage your learning, and provides examples of good practice. It also provides advice on how to record your CPD.

So what is CPD?

CPD is a continual process of life-long learning. It follows a cycle of four stages; reflection on practice, planning, action and evaluation (reflection on learning). It includes everything that a pharmacy technician learns which makes them better able to do their job. Each stage of the CPD cycle is described in detail later.



The CPD cycle enables you to update, maintain and develop your capabilities by:

- helping you identify your individual learning needs
- recognising the learning that occurs in the workplace
- acknowledging that we learn in a variety of ways and that you will have your own preferred methods

- avoiding the need to complete a fixed number of hours of continuing education. When the Society monitors your CPD the emphasis will be on quality, rather than the quantity.

CPD versus CE

It is important to understand the difference between CPD and Continuing Education (CE).

CE refers to traditional methods of learning, such as attending study days, workshops, structured reading or following training and distance learning courses. These activities can be very useful and will inevitably feature as part of most pharmacy technicians' CPD.

CPD focuses on a range of activities, how they affect you and the way you work. CPD also occurs through activities such as:

- learning by doing
- dealing with problems/situations in the workplace or elsewhere (including occasions outside your professional practice from which you learn something which you can apply to your work as a pharmacy technician)
- participating in group activities, eg staff meetings, staff training or working groups
- undertaking projects and professional audits
- preparation for a presentation or teaching others
- work shadowing ('sitting next to Nelly')
- being seconded to another department
- any other activities that develop your professional capabilities.

Why is CPD relevant to me?

CPD is mandatory for all registered pharmacy technicians who undertake any work in, or give advice in relation to, the science of medicines or the practice of healthcare.

CPD is self-focussed and therefore applies equally to pharmacy technicians whose roles are not directly patient focussed.

The section on clinical governance – Appendix 1 (p.16) gives more information about why CPD is essential for all health professionals working in the NHS.

Introduction

Frequently Asked Questions

I don't work in a patient care role, so does CPD apply to me?

Yes. CPD relates to you as an individual and the work you undertake in a professional capacity, whether you work in industry, education and training, administration, management or any other role.

I work in a patient care role but not all of what I need to learn is purely clinical, so can I include these non-clinical aspects?

Yes. CPD relates to all the work you undertake in a professional capacity, so may include non-clinical aspects of your job, for example information technology.

So I can record CPD that relates to anything?

The CPD you undertake should relate to your job as a pharmacy technician or a prospective job and to the sector of practice in which you work. Although not all of your CPD has to be specifically related to pharmacy, your CPD should identify you as a pharmacy technician in the broadest sense of the word. For example, your record may relate to information technology, staff development, or writing procedures. You may need to develop these areas as part of the work you undertake in a professional capacity, but none of these would necessarily identify you as a pharmacy technician. They may though be included in your CPD record as long as you can relate what you have learnt to your work as a pharmacy technician. Other aspects of your learning will also identify you as a pharmacy technician in the broadest sense, for example CPD that keeps you up to date with legislation or policy with regard to the pharmacy profession. Depending upon your role, it may be that your record mostly contains CPD that is not specifically related to pharmacy.

How much CPD do I need to undertake?

It is the quality rather than the quantity of your CPD that is important. How much CPD you should undertake depends upon your current role and any changes in your job. For example, those undertaking new roles or starting a new job may see an increase in their learning needs, while those working within a stable environment may have fewer learning needs.

The number of learning needs that an individual pharmacy technician will have at any given time can be established by applying the methods described in the Reflection section of this Plan & Record.

See also Advice on maintaining your CPD record (p. 14).

How much CPD do I need to record?

You may choose to record all your CPD, but if you include all the informal learning that you undertake you could spend an unrealistically large amount of time on this task. You will therefore need to be selective about what you record. Our advice is that you should record that which has in your opinion been most meaningful. Also, some of your CPD, particularly when it comes to long-term planning or understanding complex or emotional situations, may benefit more from writing it down. Finally, we would advise that you demonstrate the range of approaches that you take to your CPD, rather than repetitively focussing on one or two. Our focus is on quality rather than quantity. Spending more time recording a selection of the CPD you undertake, rather than rushing to record all of it, may provide greater evidence of your ability to direct your own learning.

As a guide, pharmacists in our pilots recorded about one CPD entry each month, although they undertook more CPD than this. Our advice is that you also aim to record about one a month. You will though find your own pattern, perhaps recording two every other month.

Introduction

How do I record my CPD?

The Society has developed a CPD recording format. We are however aware that some pharmacy technicians are already recording their CPD in other formats. Provided these have the RPSGB approved logo on the record sheets, we are happy that they continue with this if they do not want to switch to the Society's format. This is the approved logo to look for.



Both paper and electronic CPD recording formats are available. We encourage you to use the electronic format, which can be accessed via the internet on CPD Online or CD-ROM using CPD Desktop. Both electronic formats offer the following benefits over paper-based records:

- easy editing of your CPD record
- legibility – there is no need to worry about whether someone can read your handwriting
- you will receive feedback on your record more quickly when you submit it for review.

And for those using the internet and CPD Online to maintain their record:

- your record will be backed up on secure servers, so cannot go missing, eg left on the bus or deleted from your computer's hard disk
- you will be able to access your record from any computer that has internet access
- you will be able to share specific parts of your CPD record, eg with your employer, local NHS body, the Society, without the need to photocopy or print it. You will be in control of who sees what.
- you will be able to track the progress of your record through the Society's monitoring and feedback systems
- over time, you will benefit from additional internet-driven features that will only be available to those maintaining their CPD record through the web.

Guidance on how to complete your CPD record sheets can be found in a later section of this Plan & Record (p.25).

How will the Society monitor CPD?

CPD is a mandatory requirement for pharmacy technicians who are registered as practising, and forms part of the Code of Ethics for pharmacy technicians. Pharmacy technicians will need to submit their CPD records every three to five years. The Society will give you a reasonable amount of written notice before you are required to do this. The records will be assessed against a set of criteria, which have been set by the Society.

The criteria that will be used to review your CPD records will closely resemble those set out in Appendix 6 (p.52).

This introduction will have given you a feel for what is involved in CPD. The following sections describe the process in more detail.

Reflection on practice

identification of learning needs

What is reflection on practice and how does it help identify your learning needs?

Reflection on practice is the process where you look at your practice and identify your learning needs. If you don't identify the right needs it doesn't matter how well you then manage your learning; you will not see the changes in your practice that you might have hoped for.

You are the best person to identify your learning needs. Be honest and open in reflecting on your practice (thinking about the way you work).

Start the process by thinking about your practice to date or how you work. Think where you might have struggled in the past and, more importantly, where you want your practice to go in the future.

Critical incident case studies

Bruce Milton, a pharmacy technician working in a local community pharmacy was asked by a patient for advice on an OTC medicine for the treatment of constipation. In the course of the conversation the patient mentioned that he had recently been prescribed simvastatin by his GP and wondered whether this could be causing the constipation. Knowing that he had little knowledge of the side-effects of statins, Bruce referred the patient to Josh, his pharmacist, for advice. Bruce was aware that over the last few months there had been a big increase in the number of prescriptions dispensed for statins and realised that he ought to improve his overall knowledge of the actions and uses of these medicines, including main side-effects, contraindications and interactions with other medicines.

Refer to pages 31 to 33 to see how Bruce recorded this learning objective.

One Friday morning, while carrying out a medication review, Susan Ivey, a pharmacy technician working for a primary care organisation, came across a drug she was unfamiliar with. She was unable to find the item in the *BNF*. Susan needed to find out about the drug in order to complete the medication review.

Refer to pages 7 and 8 to see how Susan prioritised this CPD need.

Methods that you can use to help identify your learning needs

'Self-diagnosis' of learning needs can be challenging, here are some methods to help you.

Critical incident analysis

Learning from your own experience is one way, it is sometimes referred to as critical incident analysis. Think of a past event that you have learnt from. If the outcome was positive, think about why it was positive and if you have learnt anything that you could apply to other situations. If the outcome was negative, you will have identified the need to find ways to avoid this in the future.

Appraisal and peer review

Discuss your practice and learning needs with colleagues, your line manager, or friends. Their opinions can be very useful – our perception of events or ourselves often differs from that of others. Their input may take the form of appraisal, peer review or an informal conversation.

Peer review case study

This example is followed through all four stages of the cycle.

Karen Rivers was keeping her CPD record on paper. A colleague introduced the idea of keeping the record on computer. Karen could see the benefit of doing this but felt that she did not have the necessary computing skills.

Her colleague continued to encourage Karen, pointing out that updating her computer skills was not just an issue for maintaining her CPD record, but a wider one of communication: producing documents, searching for information, and keeping in contact with colleagues and others.

Thinking it over Karen concluded that her colleague was right: she could not afford to be left behind, and she would need to bring her computer skills up-to-date. Learning to keep her CPD record on a computer was just the start.

Refer to pages 7 and 8 to see how Karen prioritised this CPD need.

Reflection on practice

Users of your products and services

The users of your products and services are well placed to provide information about their effectiveness. The importance of this should not be overlooked in ensuring the quality of your products and/or services, and from that the implications. It is good to record in your CPD record that this is occurring. Do keep the information in context. Who is expressing the view or opinion? Do others share it? Is it objective? Does it need to be objective? Do you need to share the opinion with colleagues, peers or friends to help put it into context? These are some of the questions you may ask yourself. You are not expected to write down answers to all these questions but considering them will be helpful.

Professional audit

Professional audit offers an organised approach to developing your performance. The objective results from an audit can provide a clear indication of learning needs. If audit is not a term with which you are familiar, you have just identified a learning need. Record the need and plan how you are going to find out about audit. Guidance is available on the Society's website www.rpsgb.org by searching under audit.

Audit case study

Sally James, a senior pharmacy technician working as a dispensary manager in a local hospital, was reviewing the prescription waiting times record; she noticed a high increase in waiting times at certain points in the day. Sally realised that her staff had become stressed and patients were frustrated at having to wait so long.

The big question for Sally was 'why'? Why was there a sudden increase in waiting times over the last month? There were many factors that might be influencing the increase in prescription waiting times, eg the number of prescriptions, staffing levels, or distractions. She decided that she would only find the answer by doing an audit to find out what was going on. Sally was unsure how to conduct an audit and the steps involved and realised this was something she needed to learn about.

Refer to pages 40 to 42 to see how Sally recorded this learning objective.

Reading and other learning activities

Reading the *Pharmaceutical Journal* and other publications, and participation in workshops, meetings and study groups will also introduce fresh ideas and help you to think about your needs.

Reading case study

Dipti Teli is a pharmacy technician working in a children's hospital. She read in a newspaper that there might be a link between children's behaviour and their diet. A major part of her role is to record patients' drug histories. She realised that parents on her ward may also have read this report and might want to discuss it with her. The information in the newspaper was limited, so Dipti identified this as an area to follow up in more detail.

Refer to pages 43 to 46 to see how Dipti recorded this learning objective.

Setting objectives

Without clear objectives it becomes difficult when measuring whether your practice has improved. It is important to set SMART objectives:

- **Specific** – state clearly, exactly what it is you want to learn to do
- **Measurable** – you need to be able to test whether you have met your learning objective (if you have already been specific, this should be more straightforward), you will need to state how you will judge whether it has been completed or not
- **Achievable** – take into account constraints such as your time, costs involved and the support you may need from others. Be realistic.
- **Relevant** – if the learning need has been identified in the way that we have described earlier, this should already be the case
- **Timed** – set yourself feasible deadlines for achieving your goals. (You will record this detail in the planning section of the recording format.)

Setting objectives will help ensure that you meet your learning need(s).

Reflection on practice

Personal development plan

From time to time the Society will develop materials to help you identify your learning needs. The first of these is a personal development plan (PDP). A PDP is designed to structure the reflective process and to link your development and career plans to service needs and their delivery through your CPD. Your employer might already require you to develop a PDP as part of their performance review process. A PDP is included in this *Plan & Record* (Appendix 5 p.50), but its use is optional.

Reflection on practice: Good practice criteria

These can be found in Appendix 6 (p.52).



Planning

Now prioritise your learning objectives and decide how you will meet them.

Prioritising your learning objectives

You may already plan your daily or weekly activities using a 'to do' list. This helps you keep track of what you need to do and which tasks take priority over others. Use the same method when planning your CPD.

When prioritising your learning objectives consider the urgency and importance of each one.

Urgency

Urgency is simply a measure of how soon you need to meet a learning objective. In some cases you will have to learn something immediately. In others, the learning may be in response to a change in your practice that may occur over the forthcoming years, and several activities will need to be undertaken to meet your learning objective.

Importance

The importance of a learning objective is a measure of the likely impact of meeting your learning need. This impact may be upon you, your colleagues, organisation(s) to which you are contracted and, perhaps most importantly, patients or other users of your services or products. Consider how frequently you will use the new knowledge or skill. Something that you do in your job on a daily or weekly basis might take priority over something that is only an

Urgency case studies

Immediate

Susan needed to complete the medication review that day, to ensure the patient was receiving their medication correctly over the weekend. Susan had to respond to this learning need straight away.

Long-term

Karen had decided that she needed to update her computer skills. This felt daunting to her: there seemed to be so many things that she could do with a computer that it was difficult to know where to start. Her friend advised her to set some specific short-term goals and said that in due course learning to use a new computer program would become intuitive.

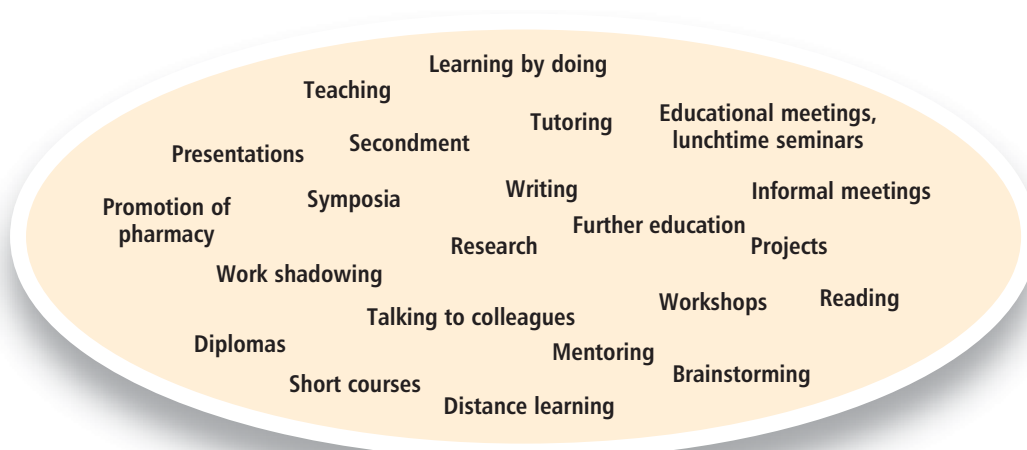
Karen then noted her learning objectives: a short-term goal of learning to maintain her CPD record on a computer, and a long-term goal of being comfortable enough with computers to be able to use new software programs intuitively.

Refer to page 8 to see how Susan and Karen prioritised their learning needs.

occasional aspect of your job. It is, of course, rarely as simple as this and the issue of importance is ultimately a matter of your professional judgement.

Identifying appropriate activities to meet your learning need

The figure shows some approaches to learning for you to think about. This is just a start. When



Planning

considering CPD, you should not think in terms of hours and accredited events but of the variety of ways you can plan to learn something.

Answering the question 'what level of competence do I need to reach?' might help you determine the best approach. Can you gain the necessary knowledge or skill from talking to a colleague or will you need to do some reading or enrol on a course? There may be other considerations. For example, if you have an urgent need, a particular course may not be available, whereas a colleague, publication, the internet or an information helpline might be. Consider the advantages and disadvantages of each of the different options for meeting a learning objective and ensure they are from a reliable source.

Importance case studies

Susan considered her need to find out about the new drug to be of high importance because of the impact it would have on the patient. She needed to confirm the correct dosage had been prescribed and whether there were any possible interactions or side-effects she should inform the patient about.

Susan prioritised the learning objective very highly because it was both urgent and important.

Refer to page 9 to see which activities Susan decided to carry out to fill her learning need.

Karen considered her need to learn how to maintain her CPD record using a computer as likely to have little impact on her patients. She could see that doing away with paperwork could have benefits for her employers. Also, she felt that there would be benefits for her too, such as the ease of editing her record and the ability to share it with other people. Karen judged this learning objective to be reasonably important and something to be achieved over the coming months.

Refer to page 9 to find out what Karen learnt from undertaking her activities.

You may feel that some events in the workplace cut out the Reflection on practice and Planning stages of the CPD cycle because something happened that needed an immediate response. If you did have to respond immediately, you still had to plan a course of action (eg talk to a colleague). On evaluating (thinking about) the event later you may be able to plan further activities (eg to read relevant material) to help you better handle a similar event next time.

Identifying activities case study

Karen considered a number of options to meet her objective of learning to maintain her CPD record using a computer.

Her first option was to read the user guide provided with the software. The benefit of this was that it was thorough. The disadvantage was that it might take some time get through it. Also if she did not understand it there was no-one on hand to ask for help, although she could call the helpline.

The second option was just to give it a try. The advantage of this was that she could get started straight away and learn-by-doing, so getting a real 'feel' for how it worked. The disadvantage was that she was not yet at a stage where she felt confident about learning a new computer program. Also, she could make mistakes and not be aware of them.

Finally, she could choose to have a demonstration of the software by a colleague who was already using it. The benefit of this was the ability to stop and ask questions of her colleague, so being able to tap into her experience. The difficulty was that this would only be possible when her colleague could find the time. Also, she was not sure how capable a user her colleague really was.

In the end Karen decided that she would first use a combination of learning-by-doing and reading the user manual. She might subsequently call on her colleague's experience if she had problems.

Refer to page 38 to see how Karen recorded her planning of these activities.

Planning: Good practice criteria

These can be found in Appendix 6 (p.52).

Action

Action case studies

Susan referred to her supervising pharmacist who informed her that this was a new drug. Using the internet, Susan looked up the drug on the eMC (electronic Medicines Compendium) and printed copies of the information she needed. Having read the information and after discussing it with her pharmacist, Susan was then aware why this new drug had been prescribed. She was able to confirm the dose was correct and was clear about possible side-effects and interactions. She understood the importance of ensuring regular blood tests to check liver function and was able to counsel the patient with confidence. The medication review was then completed. Susan recorded an account of her findings in her CPD record.

Refer to pages 34 to 36 to see how Susan recorded this as CPD.

Having undertaken a combination of learning-by-doing and reading the manual, Karen has learnt how to maintain her CPD record using a computer. She has also gained some transferable skills such as an awareness of resources for pharmacy technicians on the internet. She has also learnt to enter, move and delete text. Overall she has gained confidence in using computers.

Refer to page 10 to see how Karen evaluated her learning.

This is the most straightforward stage of the cycle to describe. You do the activities you selected in the planning stage of the cycle, and then you summarise what you have learnt.

Action: Good practice criteria

These can be found in Appendix 6 (p.52).

Evaluation

(reflection on learning)

Evaluation is an important stage in the CPD cycle. Look at what you have learnt, has it helped you achieve what you planned? This is how you assess how successful your approach has been in meeting your objectives. You may regard the evaluation stage of the CPD cycle as reflection on what you have learnt.

Evaluation (reflection on learning) case study

Karen has applied what she has learnt by making her first entry in her CPD record. She has also gained the confidence to demonstrate the software to her pharmacy colleagues. They have commented on the helpfulness of this, sometimes pointing out features that Karen had overlooked (such as setting up usernames and passwords for viewers). She has revisited this and has now set up a username and password so that her employers can have access to those parts of the record that she would like them to see. Her line manager has expressed her gratitude about this.

Refer to pages 37 to 39 to see how Karen recorded this as CPD.

If your learning need was only partly met, try to apply what you have learnt while still trying to understand why you did not fully meet the objective. Do you need to address those parts of your objective that are still outstanding?

Remember that CPD is a cyclical, ongoing process. So at the end of each learning cycle, whether the need was met fully, partly or not at all, you should give some thought as to whether you have identified any further learning needs.

Evaluation (reflection on learning): Good practice criteria

These can be found in Appendix 6 (p.52).

Establishing the effectiveness of your learning

You will already have recorded a specific and measurable learning objective. You should now ask yourself whether it has been met. This can be tested by applying what you have learnt when the opportunity arises. Ask yourself whether you are now able to deal with a particular situation more effectively. You should encourage feedback from users of your services/products, colleagues and staff. You may decide that you need to establish networks with pharmacy technicians and others.

Having tried to apply what you have learnt, ask yourself whether the objective you set for your learning has been met fully, partly or not at all.

If it has not been met, where did your learning break down? Was the wrong need identified? Were the action(s) you undertook inappropriate?



Unscheduled learning

Up to now we have described learning that has been based around an identified learning need.

Some learning is unplanned. For example, you may attend a meeting or read a journal with no particular learning need in mind, perhaps because you are broadly interested in the subject. Having done this, you may find that you did learn something which you can apply in your practice.

This type of unplanned learning is sometimes called opportunistic learning or (our preferred terminology) unscheduled learning.

It starts with **action** and proceeds to evaluation of what was learnt. In some instances, further learning needs may be identified and the learning may progress to the Reflection stage of the CPD cycle.

Unscheduled learning should be recorded in a different way to learning that starts at reflection. If you are using the paper recording format included within this *Plan & Record* a separate sheet is provided for this. If you maintain your record through CPD Online on the internet or CPD Desktop, you can indicate at which stage of the cycle your learning has started when you make a new entry.

Remember that unscheduled learning is not a substitute for learning that starts with the identification of a learning need, but supplements it. In practice, most people's CPD usually has a balance of both types of learning.

It can be easy to confuse learning that starts at reflection on practice, with learning that starts at action. It may help to distinguish the two by regarding them as learning that starts with a recognised learning need or objective, and learning that does not.

So, if a patient comes to your pharmacy and asks a question which you cannot answer, you have identified a learning need. This then is learning that starts at reflection on practice and not learning that starts at action.

Unscheduled learning: Good practice criteria

These can be found in Appendix 6 (p.52).

Unscheduled learning case studies

Jenny Green read an article in the *Pharmaceutical Journal* about the safety of antidepressant use in children. In particular she noticed that the Medicines and Healthcare products Regulatory Agency had issued new advice that the majority of selective serotonin reuptake inhibitors (SSRIs) were not suitable for use in under 18s. She realised it was important that she had read this article as she worked in a community pharmacy and a number of their patients were taking SSRIs. It was essential for her and her pharmacist to advise patients affected by this advice to see their GP to have their medication reviewed. Refer to page 46 to see how Jenny recorded this as CPD.

Nikki Pierce attended a meeting on insulin, given by the practice nurse specialising in diabetes.

The practice nurse discussed the range of insulins available, why certain types are given and the regimens used. This is also a subject of personal interest as one of her relatives has diabetes. Nikki now feels she has extended her knowledge and understanding of the different types of insulins and realises that supplying the wrong insulin could cause harm to the patient.

She has established a link with the practice nurse who will now ask for assistance with new insulin orders and will also keep Nikki informed of any new insulins that become available.

Refer to page 47 to see how Nikki recorded this as CPD.

Learning starting at other points of the cycle

In the majority of cases you will find that you enter the learning cycle at either **reflection on practice** or **action** (unscheduled learning). On occasion, however, you enter the cycle at **planning** or **evaluation**. A guide has been provided on page 15 to help you determine which point you have entered the cycle and consequently which form will best assist you in recording your CPD.

Learning that starts at planning

Whilst determining an objective as a result of reflection is often the precursor for developing a learning plan, there will be instances where you will have no specific learning objective in mind. For example, you might decide to read the news section of the *Pharmaceutical Journal* every week; you are not looking for a specific piece of information or to develop specific new knowledge or skills, you are just looking to stay up to date with what is going on in the profession. In most instances by starting at planning you will be considering a broad scope and looking to improve your understanding across a range of issues or areas.

Having made this decision it is then possible to follow the rest of the cycle through; planning your learning, determining and monitoring your actions and evaluating the result.

Planning case study

John Anderson decided he would complete one of the instore learning packages each month. A customer came in some time later asking for advice explaining that their hay fever seemed to be worse in the evenings. One of the packages that John had completed earlier in the year was on hay fever advice and John was confidently able to recommend some changes to the patient's routine and recommend some over-the-counter remedies to relieve the customer's symptoms.

Learning that starts at evaluation

As the CPD programme is designed to capture the continuous lifelong learning that is part of professional life, we recognise that there are occasions when you will apply new knowledge, skills or attitudes that you have learnt incidentally. On these occasions, you may not recall what prompted you to learn the particular ability or knowledge. Alternatively, the ability or knowledge may have been gained with the intent of applying it in another area of your life, but you were able to recall and apply it in a relevant professional situation.

As you are at the end point of the learning cycle it is only necessary to record the **evaluation** of your learning.

Evaluation case study

Julie Carter arrived at a NVQ Assessors meeting to find the chairperson hadn't turned up. She was asked to step in as chairperson. Although this was something she hadn't done in a work situation before she was happy to help out. Julie had recently taken on the role of chairperson for the parent-teacher association at her child's school. The last chairperson had let meetings drag on and parents often left before the agenda could be completed. Julie had borrowed a book called: *How to chair meetings effectively* and had put a few things into practice at her first PTA meeting. She hadn't previously thought about how the learning in her voluntary role might be of use in her professional role so she hadn't recorded it in her CPD. Quite a few people remarked how well the NVQ Assessors meeting had gone and were pleased with the positive outcomes.

Summary

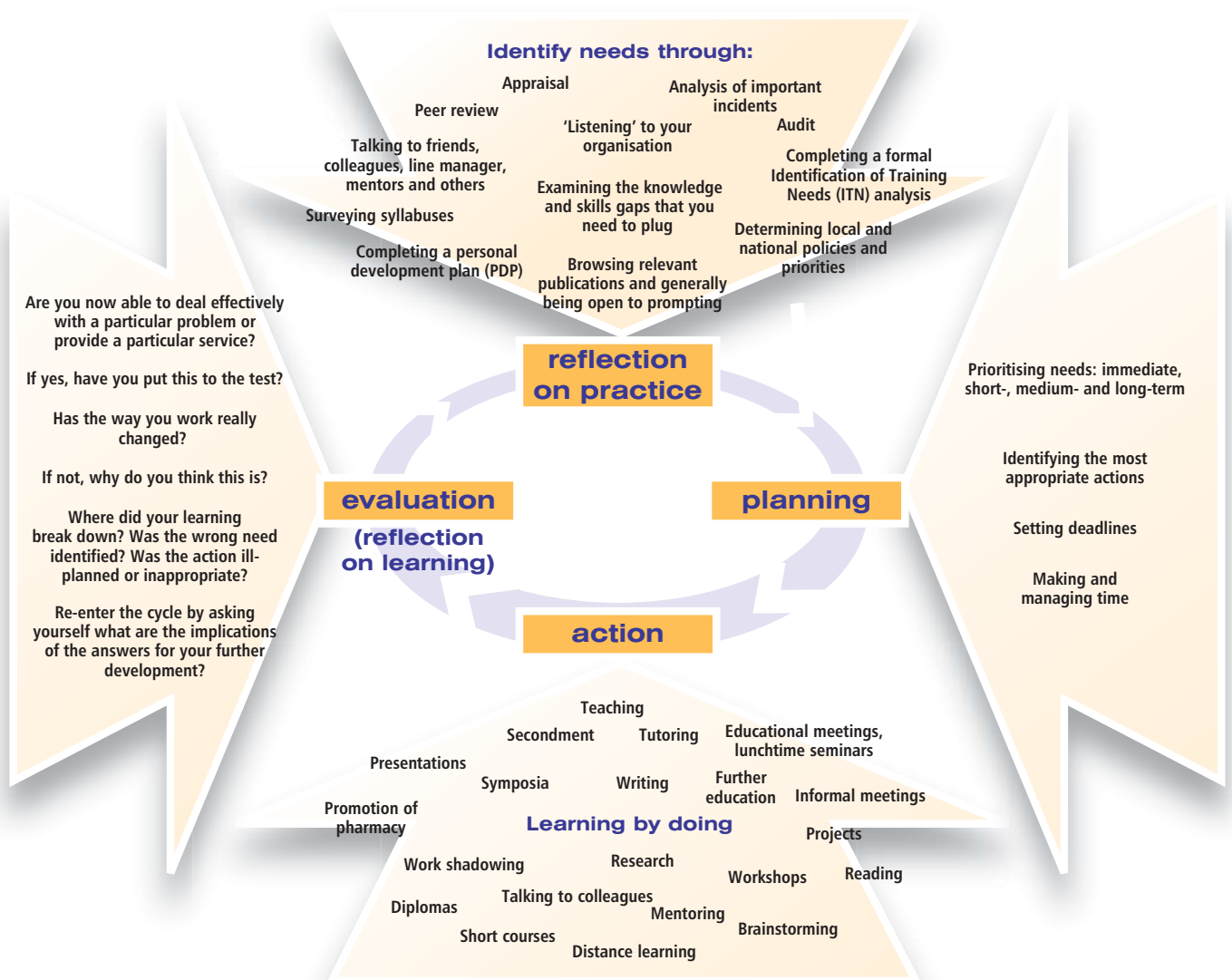
Each stage of the learning cycle is identified by an aspect of the way in which you learn:

Scheduled learning

- **Reflection on practice** - there is a specific need or issue that you wish to address about your professional practice
- **Planning** - you have no specific need, you are just making a deliberate decision to increase your overall understanding of an aspect of your professional practice

Unscheduled learning

- **Action** - where an occasion or circumstance instigates an action, resulting in a new thing being learnt
- **Evaluation** - incidental learning, where through your professional and personal life you apply a new skill or knowledge that is the by-product of some other activity.



Advice on maintaining your CPD record

This section gives guidance on maintaining your CPD record.

You may choose to record all your CPD, but including all the informal learning that you undertake could mean spending an unrealistically large amount of time on this task.

Initially you may find that your records are all of one type, but as you gain confidence it is likely that you will use more of the different methods. So, for example, you might want to work towards a record that shows how each of the different methods (appraisal, critical incident analysis, etc) were used to identify learning needs, rather than focusing on recording learning needs that only show how one or two of these methods have been used. Likewise, you might want to record a combination of CPD that shows an impact on different parties (on yourself, colleagues, organisations and, particularly, on users of your products and/or services).

You should look through all of the good practice criteria when deciding how to balance your CPD record. Record the most meaningful learning needs.

You should also remember that organisations other than the Society might want to look at your CPD record; for example, your employer or a local NHS organisation, so you may want to establish what their expectations of your record are.

How long will it take to undertake and record my CPD?

This depends upon the number of learning objectives you have and the activities you have chosen to meet them. The CPD cycle length will vary and some will take longer to complete than others, depending on the activities you have chosen. You do not have to complete one entry before starting another and may have more than one record in progress at any one time.

Evidence from the Society's CPD pilots indicates that it will take about 30 minutes to document one CPD entry (one entry relates to a single learning need). Initially it may take longer, but with experience the time will decrease. In most

cases a sentence or two is enough to answer the questions in the recording format and in several instances all that is required is that you tick a box, make a selection from a menu or give a date.

Our focus is on quality rather than quantity. Spending more time recording a selection of the CPD you undertake, rather than rushing to record all of it, may provide greater evidence of your ability to direct your own learning.

By way of guidance, those who were involved in previous Society pilots recorded about one CPD entry each month, although they undertook more CPD than this.

How will the Society know whether a CPD record is fraudulent?

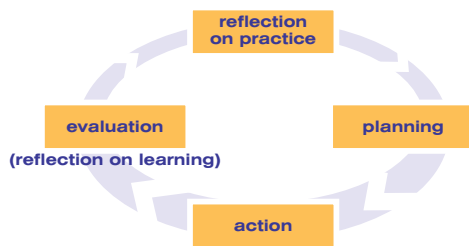
The Society will be checking records for plagiarism (copying) and indications of fraudulent records. We will randomly monitor a number of records for plagiarism each year.

Be as specific as possible when describing courses attended or other activities undertaken, including names of people you have talked with or involved in your CPD at any stage of the cycle. Do though respect patient confidentiality. Also be sure that anyone else's name is documented only with their permission. Collect evidence supporting your CPD where this is possible. We realise that for much of your informal learning this may not be possible. Do not let this discourage you from including informal learning in your CPD record, as this issue will be recognised by the Society in its monitoring processes. We will not normally ask for evidence to support your record when you submit it for review and feedback, but may do if we are suspicious about its contents or if it is randomly selected for the monitoring of fraud.

Appendix 7 (p.57) provides one place where supporting documentation may be kept. Alternatively, you may remove Appendix 7 and place it in another folder, where you may collect your evidence.

Which form do I use to start?

The following questions are designed to assist you to determine which of the four record sheets is the most suitable for recording your CPD. As described earlier in plan and record, you can record information about your CPD at any point in the learning cycle of:



The starting point for determining if you should record a learning event or development activity is deciding whether the activity will or has changed your attitude, skill or knowledge applied in the practise of your profession. If it has or will, than it is a good activity to record as part of your CPD.

The following section will help you identify which record sheet you should use:

Reflection on practice

Use the Reflection record sheet if the activity or example you have in mind:

- makes you think that you need to learn something new **OR**
- makes you think that you'd like to undertake a learning activity and you have a clear learning objective in mind **OR**
- is one where you have learnt something new and you have a specific learning outcome **OR**
- is one where you have applied some knowledge, skill or attitude in practice and can recall how you acquired this new attribute.

Planning

You should start with this record sheet if you wish to undertake a learning activity but have no clear learning objective in mind.

Action

Complete this record sheet if the learning was not prompted by a specific learning need.

Evaluation

When you have learnt something new but you are unable to recall how you acquired the skills, knowledge or attitudes that you applied use the Evaluation record sheet.

Remember, each entry you make should finish with **evaluation**. So whichever point you start at, you should complete each subsequent stage of the CPD cycle until you have completed the **evaluation** stage.